TRANSFORMATIONS OF MOTHERHOOD IN ADOPTION: THE EXPERIENCES OF RELINQUISHING MOTHERS

By

DIANA SELSOR EDWARDS

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Diana Selsor Edwards

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Pregnancy and birth are culturally patterned events of major significance to the mother and her social group. In socially-approved pregnancies, certain rites of passage enable the birthing woman to move into motherhood. Cultural pressures on "illegitimate" mothers in American society may result in relinquishment of infants to adoption.

In the American system of adoption, motherhood must be transferred, emotionally, socially, and legally, from the natural mother to the adoptive mother; the biological basis for motherhood is negated. This study examines the transformations of motherhood which result in relinquishment and asks how relinquishment affects the mother.

Stigma and closed records hinder adoption research. In this study, 56 volunteers provide life histories. They represent a cross-section of geographic regions and family backgrounds. I examine a) the childhood circumstances; b) the psychological, material, and social factors that

influenced the women to relinquish; and c) the post-relinquishment life course. Relinquishment occurred from 16 to 51 years ago.

In the sample, parental loss was prevalent in childhood, with 23% reporting the death of a parent and 16% reporting abandonment by one or both parents. Childhood abuse was also very common, with 40 women describing physical, sexual, or severe psychological abuse. This pattern continued into adulthood, with many reporting spousal abuse. The women's relationships with their mothers were problematic, with 68% reporting hostile, unloving, critical, cold, or very abusive mothers or stepmothers; others had no mother relationship. Only six women reported a "good" or "good enough" relationship with their mothers, except for the period of pregnancy. The others (more than 80%) were "unmothered."

A strong factor in the relinquishment was rejection by the birth father and both families and pressures from social work professionals.

In the post-relinquishment period, women in the sample said that relinquishment of their child was the single most traumatic event in their lives and that this loss continued to affect all aspects of their life. One-third had no subsequent children.

Research results illuminate mother and child bonding, question adoption practices, provide insight to social policy formulation, and indicate crucial factors in family preservation.

CHAPTER 1
INTRODUCTION

Birth as a Transformative Event

Birth is a life-changing event. In all societies for which we have ethnographic information, birth, puberty, and death are life-crisis events, events of major significance to individuals and to the group. Other events may also have this level of significance. If arranged from a female-oriented physiological perspective, Davis-Floyd (1992:20) notes that the sequence of life crisis events would have to read: birth, puberty, marriage, childbearing, menopause, death.

Life-crisis events, because they are significant both individually and societally, are culturally patterned. Anthropologist Brigitte Jordan emphasizes the cultural shaping of birth in her cross-cultural comparisons of birth practices.

> We know that birth is everywhere a socially marked life crisis event that is consensually shaped and socially patterned. As such, it consists of a set of internally consistent and mutually dependent practices that make sense from the inside out, though not necessarily from the outside in. It is precisely these basic anthropological notions that differentiate anthropological studies of childbirth from biomedical or sociological or psychological or literary investigations about the same topic. [1993:xii]

In non-Western societies, this cultural shaping includes ritual practices that are meant to help the individual and the group move from one status to the other. These rites of passage effect transformations in both the individual's perceptions of himself or herself and in society's perceptions of the individual (van Gennep 1966, Turner 1969 and others).

Urban, industrialized societies like the United States also have rites of passage, although they seem to be fewer and less strongly adhered to. It may also be that, like many aspects of culture, we do not recognize the rituals because we are immersed in them and do not question the inevitability of certain practices. Robbie Davis-Floyd (1992), for example, presents a convincing argument that birthing women in the United States undergo a highly ritualized "passage" that is effected through submission to a patriarchal and technologically dominant series of events that begins with reliance on a doctor to confirm the pregnancy and then allowing or requesting medical interventions at every stage of pregnancy, birth, and the post-partum period.

This medicalization of childbirth, says Davis-Floyd, serves to "transform the unpredictable and uncontrollable natural process of birth into a relatively predictable and controllable technological phenomenon" that reinforces American society's "most fundamental beliefs about the superiority of technology over nature" (1992:2).

"Wanted" Pregnancies Follow a Pattern

In her study of American birth rites, Davis-Floyd describes "the wanted pregnancies of white middle-class women." She understands that "unwanted" pregnancies "generate very different sorts of experiences." Analyses of the ritual and symbolic aspects of aborted pregnancies, pregnancies and births of women who put their babies up for adoption, and experiences of parents choosing to adopt their children are "rich topics that deserve further scholarly attention" (1992:318).

Wanted pregnancies, says Davis-Floyd, follow the generally recognized rite of passage stages set out by van Gennup and Turner: separation, transition, and integration (1992:22-43).

The separation stage of pregnancy begins when the woman first realizes that she may be pregnant. She has a period of wondering about the possibilities and experiencing the mixed emotions of imagining herself as a pregnant woman and a mother. At first, she does not know whether to trust what her body tells her; when she is more certain, she is likely to tell the baby's father and call the doctor, not necessarily in that order.

> The first days of beyond-a-doubt pregnancy will be ones of inner turmoil--maybe excitement, maybe anguish, certainly some panic and much self-questioning. Already her conception of self is being tested. . . . By the time she has fully accepted the reality of her pregnancy and gone public with the news, neither she nor those close to her will see her quite as they did before. [Davis-Floyd 1992:22].

The transformation period or the liminal phase begins once the woman accepts the pregnancy and it lasts until three to six weeks after her baby's birth. In this phase old habits and patterns drop off and new ones develop. Psychologists note that rapid psychological growth and change are possible in pregnancy which are not possible in usual structural life, "for the near constant inner and outer flux of pregnancy keeps the category systems of pregnant women in a continuous state of upheaval" (1992:24).

> Hopes and fears from the past and for the future merge at the surface of her daily consciousness, as time compresses in the physical experience of pregnancy, and past, present, and future together are carried in her womb.
>
> Because of the psychological state of openness and receptivity that pregnancy tends to induce, the manner and direction of a woman's personal transformation is very likely to be heavily influenced by the sort of treatment she encounters in the public domain. [Davis-Floyd 1992:24-25]

By the seventh or eighth month, she has adapted to her new symbolic status and accepts, or is resigned to, the social rituals that accompany it. "She probably no longer even flinches when strangers reach out to pat her stomach, having learned and accepted the social reality that her belly is now a part of the public interactional domain" (1992:27).

Birth is the climax of the year-long rite of passage and it is the most sacred, most powerful, and most vulnerable part of the transformation period.

> By making the naturally transformative process of birth into a cultural rite of passage for the mother, a society can take advantage of her extreme openness to ensure that she will be imprinted with its most basic notions about the relationship of the natural to the cultural world as these two worlds meet in the act of birth. [Davis-Floyd 1992:40]

For middle and upper-class white women in American society, says Davis-Floyd, this moment of supreme openness is presided over by a doctor and the medical technologists who imprint the values of patriarchy and technology through the highly ritualized hospital birthing system. But the "indoctrination" process has included many rituals prior to birth, such as the baby shower, childbirth preparation classes, and advice from friends and strangers. Through these means, the mother receives social support for her new role and knowledge about how to parent. Before and during birth, she internalizes and affirms the belief and value system of the society that she must help to perpetuate.

The period immediately after birth, the post-partum period, has a special intensity of its own which again is often marked by contradictory emotions. "Sometimes relief, triumph, and joy combine with bewilderment and sorrow" (1992:40). Many of the women in David-Floyd's

study stressed the importance of having someone with them at all times for the first week or two after the birth. Those who were left alone felt bewildered, confused, isolated, and exhausted. They needed the supportive and reassuring presence of friends and family.

The final integrative phase of this rite of passage begins and ends gradually during the newborn's first few months of life. Childbirth researchers believe that a lack of effective rituals for reintegration in the West may be a major cause of postpartum depression. Some say that "an incomplete ritual process can lead to feelings of alienation and distress," leaving a new mother utterly lost and alone (1992:42).

A successful transition and reintegration are achieved as the mother and child adjust to each other; the father is more completely drawn into his new role; and mother and child gradually leave seclusion and negotiate that first trip to the supermarket, to church, to class, to work.

> At some point all the new mothers I interviewed realized that they no longer felt trembly or potential, but mundane--their sense of special separateness was gone and they were "mainstreaming" it again. . . . whatever else they might be, they are finally and completely mothers. . . .[1992:43]

One woman reported feeling that she had "crossed a barrier, that I had joined the rest of the mothers in the world, and that I had joined my mother, in a sense" (1992:43).

Ritual, whether non-Western or technocratic, can mediate the physiological and cultural processes of pregnancy, birth, puberty, and death. Ritual and other social practices can reduce the risks and the threatening quality of these life-crisis events, but, regardless of how much technology is brought to bear, regardless of how much cultural shaping takes place, these events ultimately remain uncontrollable. The

most dedicated human efforts can only shape, they cannot control these events any more than cultural acts can control other events in nature such as earthquakes or tidal waves.

By definition, life-crisis events remain threatening. They are especially threatening to those who find uncertainty difficult to bear and who wish to bring order and predictability to all individual and social events--to those who would be more comfortable if life could be brought "under control." In this perspective, birth is always a threat to the social order. Even if mothers and fathers adhere to all the cultural rules and prescriptions, an element of uncertainty remains.

Socially Unapproved Pregnancies are Different

How much more threatening are socially unapproved births? What forces of control need to be brought to bear against women who do not conform to cultural ideals for birth and motherhood?

In American society, single mothers and never-married mothers do not conform to cultural ideals of "the family." Whether by choice or lack of choice, these women have not followed the rules; they do not have the protection of a male. Without a husband, without his name for her child, and without his provisioning, a mother in American society is extremely vulnerable.

The study reported here is about socially unapproved mothers. It is about mothers who relinquish their children to adoption and for whom the usual pattern of separation, transformation, and integration for pregnancy and birth has been altered. They have been transformed from mother-to-be into mother-but-not-a-mother. They have gone from one liminal stage to another, with no resolution.

How does this happen? Why would a mother transfer her motherhood to a stranger? What personal and cultural factors influence this transformation that is so at odds with the normative pattern for women in our society?

To begin answering those questions, we must examine the contemporary and historical context of unwed motherhood in the United States. If birth itself is threatening because of its uncontrollable nature, then how much more threatening is the uncontrolled sexuality that is made evident by an out-of-wedlock pregnancy? What is done in North American societies to sustain the core values and beliefs in the face of such a threat?

Unwed Mothers and Family Values in the 1990s

To look at any aspect of motherhood or adoption is, by necessity, to look at family systems. In American society, concern about families and "family values" is again at the forefront of public consciousness. This intensified attention ebbs and flows according to the political climate and other concerns facing people at any particular time. We see in later chapters how the prescriptions for socially unapproved births change as other elements in the culture change, but the stigma and the scapegoating of unwed mothers and single mothers remains constant.

In the current debate on family values and the "breakdown of the American family," single mothers and teens who become pregnant have been singled out, with particular virulence, as the cause of our escalating social problems. Whether self-supporting or dependent on social welfare programs, single mothers are vilified.

Government officials, social scientists, newspaper columnists and others are proposing "solutions" to the ills of society that focus on these mothers. Proposed solutions meant to strengthen American family values range from cutting off welfare programs to forcing every unmarried woman to give up her newborn to adoption. Older children would be sent to state institutions if they are not be adopted.

Anthropologist David W. Murray (Policy Review, Spring 1994:9) says that "America is becoming a nation of bastards," claiming that 30 percent of the children born in 1991 were out of wedlock, compared to five percent in 1960. It is unclear whether statistics quoted in the media include children born illegitimate and moved into legitimacy through adoption, or whether they are counting birth status only. The five percent and 30 percent could be misleading if counting is not done in the same way each time and in each state. However, David Murray's main assertion in this article is that marriage is one of the central, stabilizing structures in a society and that "widespread failure to marry is a sign of impending disaster" (1994:9). Again, there is some ambiguity here. Is failure to marry before the birth of a child considered as failure to marry? Since many of the unwed mothers in research studies eventually do marry the fathers of their children, where do they fit in the disaster scenario? Do we have a culture on the road to extinction or changing patterns of marriage? David Murray's Policy Review article sparked several opinion pieces in national news columns. However, the stir his "Poor Suffering Bastards" article provoked hardly rivals that of Charles Murray, a social analyst who is also concerned about the decline and impending death of society.

Charles Murray, co-author of *The Bell Curve* (Herrnstein and Murray 1994), has been widely quoted on welfare reform policy, especially with regard to single mothers. For example, in an opinion piece in the *Guardian Weekly* (December 5, 1993:19), George Will uses Charles Murray's ideology to support "getting our society off of welfare." "Throughout history," says Will, "a single woman with a small child has not been a viable economic entity. To prevent this, societies have channeled elemental forces of sexuality between embankments of rewards and penalties to buttress marriage." The embankments have crumbled now, according to Will, and Charles Murray has just the bulldozer we need to shore them up again. Government should "end all economic support for single mothers. Marriage should be the sole legal institution through which parental rights and responsibilities are defined and exercised." This would "force young women who should not be mothers to seek the support of more mature adults, and would help to regenerate the deterring stigma of illegitimacy. Furthermore, it would lead many young women to place their babies for adoption. . . . For children not adopted, the government should spend lavishly on orphanages"(1993:19).

In this article, Will also cites Pat Moynihan's 1965 social analysis predicting that "A community that allows a large number of young men to grow up in broken families, dominated by women, never acquiring any stable relationship to male authority, never acquiring any set of rational expectations about the future--that community asks for and gets chaos" (1993:19).

In another example, William Bennett, former Secretary of Education and now co-director of Empower America, and Peter Wehner, policy director of Empower America, use Charles Murray's ideas and much of the

same vocabulary to float their agenda for the abolishment of the welfare system and the punishment of unwed mothers. The article from which the following extracts are taken appeared in the *American Family Association Journal*, March, 1994, entitled "End Welfare for Single Women Having Children."

Bennett and Wehner claim that Murray's call for an end to the current welfare system set off a chain reaction. This reaction has "transformed the welfare debate" and placed us in "one of those rare political moments when a fundamental, even radical, and positive change in public policy is possible." Possible, say the authors, because leaders across the political spectrum, from left to right, agree that the welfare system is a complete failure. "Experts" agree that a strong link exists between social pathologies, exploding rates of illegitimacy and welfare payments to single mothers.

> Welfare may not cause illegitimacy, but it does make it economically viable. There is hardly any question anymore that illegitimacy rates would fall, probably dramatically, if payments under the Aid for Families with Dependent Children (AFDC) program were stopped. Welfare is illegitimacy's economic life-support system. [Bennett and Wehner 1994:18]

Their agenda calls for an end to all forms of economic support for single mothers and an end to visitation rights of illegitimate fathers. Bennett and Wehner would also change tax codes to make them more favorable to marriage and children. Again, adoption is a key part of the solution.

> Making adoption easier is an essential and compassionate part of this effort. Adoption is the best alternative we have to protect a child's interest in a post-welfare world. The demand is virtually unlimited, but society has made adoption exceedingly difficult. Lifting restrictions on interracial adoption and easing age limitations for adoptive parents will, among other measures, help ensure that large numbers of children will be adopted into good, stable, loving homes. And for older children, we must invest

> generously in the kinds of orphanages and group homes that provide order and care. [Bennett and Wehner 1994:18]

Bennett and Wehner conclude that "Ending welfare in this way is prudent, humane and politically smart. It is prudent because the social science evidence is in: Illegitimacy is the surest road to poverty and social decay." . . (1994:18).

Moynihan in the 1960s and Murray and other social reform advocates in the 1990s see female heads of families as culprits. They do not mention the culpability of the absent fathers, nor the bleakness for males and females both of growing up in communities where jobs are unavailable and so are the means to escape. Generations of hopelessness and diminished expectations would be hard to overcome even if a miracle could suddenly produce jobs that paid enough to support a family and could produce employees well-trained enough to take those jobs.

These social commentators ignore rather than question their underlying assumptions--such as the assumption that women and children must become "viable economic units" through dependence on a man; that illegitimacy is responsible for poverty, rather than unemployment; that men are available, willing, and able to provide for their children; and that "not acquiring any stable relationship with male authority" is the problem. They also assume that adoption is a solution rather than an additional problem, and that orphanages would produce better adults than the homes the children would have grown up in with their mothers. The role of "visiting illegitimate fathers" who may contribute both material goods and essential caring is denigrated. The apparent assumption is that if the fathers cannot contribute everything, they should not be allowed to contribute anything.

Even more serious are the apparently unassailable assumptions that class and gender inequalities must be upheld in order to improve society. In Valerie Polakow's discussion of family and power relationships (1993:39), she includes a hypothesis from Linda Gordon and others that may partially explain current anger about unwed mothers. The rise in "public anxieties expressed about the decline of the family often mask socially conservative fears about the increasing autonomy of women and children, which in turn corresponds to a decline in male control of the family."

It is telling that many of the discussants in this public debate want to punish women for their illicit sexuality and bring back the stigma of illegitimacy as a form of stringent social control. None of them suggest instituting stigma for promiscuous men, unwed fathers or absent husbands. These same analysts also refrain from tackling the subject of how to get men to volunteer themselves for the always available roles of legitimate parent and family provider. Perhaps if these roles were not so difficult for some men in society, they could and would take up fatherhood with enthusiasm.

Risking personal opinion here, I would suggest that there are many men who are good fathers and who contribute their share, and more, to the household economy. Why not focus on how these men are able to function successfully in their roles and set up programs for unwed fathers? Why focus only on women when looking for solutions or scapegoats? If support of healthy families is a goal, we need to look can look for common ground and work with both young parents to foster family preservation.

Research Seeks Solutions

Improving the well-being of fathers, mothers and children requires the individual and political will to do so and the cooperative efforts of many people. Social policy and laws are often promulgated on untested hypotheses and hidden assumptions such as those in the examples above. Rather than accepting the unproven assertion that single mothers of every kind are responsible for America's social problems and that the women themselves are social problems, we need to look for ways to support struggling families, not find punishments that break apart families.

Many of the solutions proposed thus far are generated by ideology. Real and lasting solutions must be rooted in the human condition and be respectful of all the people, even the ideologists.

All human societies that expect to survive into the next generation must find ways to provide for the birth, protection, and rearing of children. The family of procreation and the family of orientation are not necessarily the same, either in North America or in other societies, but women must have babies and someone must nurture them to adulthood or there is no future for that society. Complicated and multi-layered interactions of individual, family, and society shape both motherhood and family; society, in turn, is shaped by individuals and their families. Values that are appropriate for one sphere and one historical moment may not be valid for another.

While rugged individualism and competition for material success have been the legendary defining motifs in American culture, they do not provide suitable guideposts for families and even here, we do not expect mothers and children to be rugged individualists. Through physiological

necessity, mothers and infants do have a period of vulnerability and dependency. They cannot be "economically viable" at all times. If the fathers are not able or willing to provide, then help has to come from somewhere.

In our society, we are experimenting with the transfer of children from disadvantaged natural families to those in which there are no ties of affection and no biological ties but where there are material and social advantages. In effect, we are apparently testing the significance of biological kinship and attempting, with adoption, surrogacy, and technologically assisted births to negate the biological basis of motherhood and family. This same approach as seen in the examples cited above, is being used as a solution for poverty, illegitimacy, and the social ills associated with (but not likely caused by) single parent families.

For a variety of reasons, special interest groups within our society are pushing and pulling against each other. Each claims to have the best interest of the child foremost, and each often ignores the voices of those least powerful but most affected, the women who give birth and their children.

Anthropology, with its methodologies of participant-observation, the study of life histories, and a holistic approach to cultural analysis, is particularly well-suited to listen to those voices and formulate solutions that respect the needs of all the persons involved. The timing is right for a resurgence of family and kinship studies in anthropology and for anthropologists to become actively committed to research that can be applied to the development of good family social policy. This research project follows a long tradition of

anthropological concern for understanding the forms and functions of family systems and the meaning of kinship.

Preview of Chapters

In Part I, which includes chapters one through five, the cultural context is established for the research design and research results that are reported in Part II.

In this introductory chapter, contemporary issues in family policy are introduced by means of examples from recent media discussions. This sets the stage for examining the historical ebb and flow of cultural attitudes about unwed mothers and "family values." This chapter also includes an overview of previous research on unwed mothers, from the disciplines of anthropology and psychology, sociology and social work, and from independent study. This literature review indicates the interests of other researchers and the main political strands that may influence the selection of topics as well as research methodology.

Chapter 2 outlines the historical attitudes and prescriptions for the treatment of women who become pregnant out-of-wedlock or who are single mothers through abandonment or widowhood. We see how unwed motherhood came to be categorized as a social problem rather than a result of social problems, how private shame became public stigma, and how social work shaped the treatment afforded to unwed mothers. This chapter also clarifies how adoption became the prevailing "solution" to single pregnancy and how this solution was racially determined: White single women's pregnancies are perceived to be "socially productive" because of the demand for adoptable infants, and single black women's

pregnancies are deemed to be "socially unproductive" and a drain on public resources.

In Chapter 3, the dialectical nature of pressures that form American family policy are indicated through a brief explication of fertility control, including the major actors in the family planning movement and the issues in contraception and abortion. This leads to a discussion of the American system of adoption and the adoption reform movement in Chapter 4.

These first four chapters provide a necessary cultural context for my research on mothers who have relinquished a child to adoption. Their relinquishment has been influenced as much by cultural as by personal factors and without this historical and contemporary context, their lives and their choices are difficult to understand.

Part II presents the research itself. In Chapter 5, I set out the goals and methodology of this study, which is primarily qualitative. It is grounded research and hypotheses are generated from all stages of the project: participant-observation, interviews, analysis of personal and public documents, and collection and analysis of life histories gathered from 56 women who have relinquished at least 15 years ago. In the methodology chapter, I define the population studied and note the limitations and advantages of the methods selected.

Chapters 6 through 10 present the research findings and allow the women's voices to describe and analyze their own experience. Chapter 6 looks at the childhood experiences of the research participants which show a very high degree of trauma, including parental death and separation, and child abuse. Chapter 7 tells of the reactions to pregnancy shown by the baby's father and the families of both the birth

parents. The presence or absence of social support from these significant persons plays a key role in determining whether the woman relinquishes her child. In Chapter 8, the social work presence is made evident. Here we see more of the cultural shaping of motherhood and the pressures to relinquish that women faced when their children were not claimed by the father or by either kinship group.

Chapters 9 and 10 describe the post-relinquishment years and the efforts that these birthmothers have made to find ways of living with the long-term effects of adoption loss. For many mothers, search and reunion have been part of the post-relinquishment healing process. They describe what led to these steps and what resolution may occur at this stage.

Chapter 11 includes a review of the cultural and personal factors that were present in the transformations of motherhood experienced by the women in this study. Questions for further research are suggested and a few applications are shown for the research findings.

Appendix A includes a copy of the information sheets given to participants so that readers may be aware of how the narratives were solicited. The information sheets also describe the University of Florida Adoption Research Archives.

Appendix B presents the characteristics of the sample population, with numerical summaries of dates of birth and relinquishment, residence, birthfathers' responses, marriages and other births, and the common factors discovered in their childhood experiences.

Appendix C contains narrative summaries for each participant, by case number and a first name. Names of participants have been changed and identifying characteristics such as residence do not appear. The

complete narratives from each participant who has given permission will be housed in the University of Florida Adoption Research Archives (UFARA), in the Department of Special Collections, George Smathers Libraries.

Appendix D provides a selected list of references which are useful to understanding American adoption and the current questions about the significance of biological relatedness, more specifically mother and infant bonding.

Survey of Relevant Research

Most previous research on unwed mothers has been oriented towards discovering the causes of teenage or unwed pregnancy, preventing such pregnancies, and learning the outcome when mothers kept their infants or relinquished them. The following survey of the literature will illustrate the directions of research and provide a glimpse into the political nature of research on "illegitimate" pregnancy and choices about parenting.

Anthropology and Psychology

There have been very few studies focused solely on relinquishing mothers, either in the United States or elsewhere. One of the first published studies is *Death by Adoption* by Joss Shawyer (1979), an Auckland feminist who was pressured to relinquish her twins to adoption in 1969 when she was unmarried. She was enraged by the coercive actions of doctors and social workers during her pregnancy, delivery, and post-natal period. This experience and "the injustices she experienced as a single mother" led her to found, in 1973, the Council for the Single

Mother and Her Child, a self-help service for single mothers. She is also a founding member of Jigsaw, the international organization formed in 1976 to change adoption law and practice in New Zealand and allow adult adopted people and their birth families the right to meet (1979:i).

Shawyer's book includes background information about adoption practices, her own experiences, societal attitudes towards women, and government policies. The core of her report contains letters and interviews which represent a cross-section of adoption experience.

The next part of the book contains open-ended interviews with four mothers, four adoptees, an adoptive mother, a childless woman, and a social worker. Shawyer chose this methodology for the following reason.

> A word on my methodology. It is impossible to rate grief on a scale of one to ten and in my opinion, those who try are as bereft of emotion as their questionnaires. I cannot see how the usual data collection methods can apply when the subject under investigation is feelings, a human element in conflict with the numbers collection of sociological investigation. Our social climate does not encourage women who have lost children by adoption to talk about the loss, so it would be a rather pointless, not to mention cruel exercise, to send, say, a questionnaire in the mail. Just imagine receiving a mailed questionnaire, designed to rate the effect on you of the death of your closest friend/relative. Were you (a) sad (b) happy (c) indifferent (d) satisfied (e) grief stricken (f) elated (g) pleased with the arrangements and full of praise for the undertaker. . . . [Shawyer 1979:1]

What Shawyer learned in Jigsaw and from her interviews is indistinguishable from what is reported by adoption-affected people in the United States. At the time of her research, the adoption system in New Zealand was similar to the American system except that profit-making was not allowed. Since that time, as a result of her work and the work of many others, adoption legislation for most of New Zealand has been changed to allow access to identifying information for adult adoptees

and for natural relatives. Some adoptive parent groups continue to fight against the opening of records.

Another study, one focused entirely on relinquishing mothers, is by Kate Inglis, an anthropologist in Sydney, Australia. Her research grew out of a project to gather reproductive histories from women over the age of 45. While interviewing, some women revealed that they had given birth to a child out of wedlock and had given the child up for adoption. "These women exhibited a pattern of behaviour in the telling which centred on an unresolved grief and an ambivalence about their motherhood. Their isolation in both the event and the memory was striking" (Inglis, 1984:18). She decided to look for other such women and "in talking with friends, secret births were disclosed."

Others referred Inglis to their friends, acquaintances, sisters and neighbours. "An underground network of generally hidden knowledge and experience emerged." She also put notices in supermarkets and women responded. Then when the project was reported in newspapers, still other women wrote or telephoned to offer their experiences and feelings. To balance these unsolicited true life stories, "remarkable for their secrecy and similarity," she turned to a support organization and also interviewed some of the women in it. Her methods of gathering a sample were similar to mine and so were her ways of gathering the stories. She used a combination of sources: letters from 37 women describing the relinquishment and aftermath, extended telephone interviews with 42 women, and face-to-face, taped interviews with 22 women. The questions she asked were related directly to the pregnancy and relinquishment and to the meaning of that in the present. The book reporting on this research, *Living Mistakes* (1984), contains a cogent cultural analysis of

the invisibility and permanent stigmatization of birth mothers. The stories of the women are very similar to those of the women in my study, especially in the post-relinquishment years when their grief and anxiety about the child remains strong.

A psychological study of the adjustment of mothers to relinquishment was undertaken in Australia at about the same time. Robin Winkler and Margaret van Keppel (1984), from the Department of Psychology in the University of Western Australia, asked 300 participants to complete a questionnaire designed to investigate the factors influencing the difficulty or ease with which adjustment was made. A comparison of present psychological functioning in this group was made with a sample of women selected from the general population and matched for social characteristics including marital status, age, occupation and residence. The psychological functioning of the group of relinquishing mothers was found to be "significantly more impaired" than the group they were compared with. Mothers were asked to rate their own adjustment also and this correlated well with the investigators' measure of functioning.

The mothers in the study were between 15 and 25 and unmarried at the time they relinquished a first-born infant. The degree of loss felt for the child was found to be the strongest element in subsequent adjustment: the more powerful the sense of loss, the poorer the adjustment. About half reported a gradually diminishing sense of loss as time elapsed, while the other half reported a sense of loss which either remained constant or increased in intensity. The majority of the mothers indicated a very strong need or desire to know something about their relinquished child's progress and well-being. A majority also indicated

that the experience of relinquishment, even though it had occurred many years prior to the study, was the most stressful event of their lives.

In the United States, anthropological data is very limited on any topic related to American adoption, but especially sparse for birthparent studies. In 1988, Judith Modell published a study of Concerned United Birthparents (CUB)in *American Ethnologist*. This study was part of a broader study of interpretations of parenthood in the United States. Modell suggests that there are common themes in the accounts that birthmothers give of searching for their adult children: the establishment of a positive self-image, the importance of control, and the virtue of natural and expressed love. She also suggests that reunion "reverses the surrender" of the child and allows the birthparent to construct her own interpretation of parenthood. In this construction the birthmother "'proves' the persistence and the significance of biological bonds" (1988:659).

In *Storied Lives* (Rosenwald and Ochberg, 1992), Modell's contribution points out that birthparent narratives demand that memories of a birth be acknowledged in adoption and that birthparents' stories be added to the cultural narrative of parenthood, family, and kinship. Birthparent narratives ask for consistency in the delegation of parenthood and the definitions of parent-child relatedness. If, culturally, having a child forms the basis for being a parent, and biological links are the core of kinship, then acknowledging a birthparent's attachment to her child would harmonize the values surrounding parenthood and make sense of the components of kinship in an adoptive arrangement (1992:92).

In the *American Anthropologist*, Terrell and Modell (1994), both adoptive parents, advocate more research on American adoption by anthropologists. Studies on adoption, they say, can teach us about other aspects of the culture and may be of help to those who are affected by adoption. "A study of adoption becomes an inquiry into fundamental beliefs about the person and personal connections as these intertwine with political, economic, and historical developments" (1994:160).

Modell's most complete explication of her research and thinking on American adoption appear in *Kinship with Strangers* (1994) which again emphasizes the importance of adoption studies. In this book, she argues that open adoption and reunions between birthparents and adopted out adult children threaten the basis of American adoption which relies on the legal and social fiction that adoption is "as if born to." Adoption, she says, is a model of American kinship and if adoption is undermined, so is the kinship system. She concludes that birthmothers, by insisting on recognition of unbreakable natural ties and a continuing place in the lives of their children, pose a radical threat to American kinship. Even though her conclusion appears to be a non-sequitur to her research, Modell raises important questions.

Psychologists Baran, Pannor, and Sorosky (1978) found, in a sample of 38 birth parents, that most were having problems adjusting and all reported feelings of mourning and loss. Burnell and Norfleet (1979) found medical and psychiatric problems (primarily depression) in about 60 percent of their subjects, who were drawn from a medical experiment. Rynearson (1982) and Millen and Roll (1985) interviewed women who sought psychiatric help after they had relinquished. A common theme in these studies was the inability of the women to cope with their feelings of

loss or to resolve their grief. Rynearson also found evidence of poor parenting skills and fantasies of restitution among the 20 mothers who had relinquished and were in psychotherapy. Deykin, Campbell and Patti (1984) found numerous long-term negative effects of relinquishment. These include adverse effects on marital interaction and the parenting of other children, reduced fertility, and unresolved grief.

Lancette and McClure (1992) studied the grief reactions of birth mothers who decided on open adoption. Even though the mothers had participated more in the decision-making and could get some information about their child's well-being, these women were still experiencing grief when they were interviewed, one to two years after relinquishment. ("Open adoption" refers to recent adoption practices that offer some degree of openness or information exchange between natural parents and adoptive parents. This may be as little as an anonymous letter exchanged, telling about each other, or it may mean an ongoing relationship between two sets of parents and the child. Open adoption agreements are legally unenforceable.)

A recent study on post-relinquishment experiences that includes both mothers in closed adoptions and mothers in open adoptions was reported by Lauderdale and Boyle (1994), in *IMAGE: Journal of Nursing Scholarship*. Using ethnographic techniques of open-ended interviews and observer-participation, information was collected from 12 women over an 18-month period. The mothers had relinquished their infants from 4 months to 27 years prior to the study. "The experiences of infant relinquishment were described in a variety of ways, but all portrayals evoked a general sense of pain, loss, and societal misunderstanding of women who chose to give up their babies" (Lauderdale and Boyle

1994:214). The five women who chose open adoptions had more control over the circumstances of their relinquishment and they were supported by parents, friends, and co-workers throughout the pregnancy and the relinquishment. The seven women who experienced closed adoptions believed others were responsible for their adoption decisions and described their experiences as dehumanizing, demoralizing, and secretive. They reported "overpowering feelings of loss and grief, which have continued unabated through the years" (1994:214).

The psychological effects of relinquishment reported in these studies were quite consistent, even though there were differences in time periods and in methods of adoption. However, one limitation of these and other adoption-related studies is that the sample populations are self-selected. The secrecy, stigma and closed records of adoption prevent selection of a random sample. However, there is no reason to believe that those who come forward have experienced adoption or relinquishment in ways that are fundamentally different from those who have not been contacted.

A more relevant difference may be that those who support the present system of adoption in the United States claim that the people who take part in studies are not typical; while those who support adoption reform say that the individuals who are able to talk about their experiences are likely to be from the most healthy and the most well-adjusted of the adoption-related population. In other words, each group suspects bias sample in studies that oppose their beliefs or their interest. Another limitation in the American studies is that no comparable population of unwed mothers who kept their children was included.

Sociology and Social Work

From sociology and social welfare, there are a few studies meant to assess the well-being of unwed mothers who relinquished their children compared to unwed mothers who kept their children.

In 1962, the Community Council of Greater New York initiated a study of 321 mothers having a first child, not married to the baby's father and not planning adoption. Six years later a follow up study was done involving 205 of the original 321 mothers (90 could not be found; the others remained stationary). After six years, 90% of the mothers continued to be responsible for the primary care of their first child. Although many had experienced severe hardship with finances, housing and child caring arrangements, few had made use of the publicly-funded services available to them except for the well-baby clinics and the Head Start programs. Of the 51% who married, half married the first baby's father. The study concluded that there should be a reappraisal of the negative and stereotyped attitudes toward unwed mothers and their children and that more recognition should be given to the strengths of one-parent families, rather than too hastily deeming them pathological (Sauber and Corrigan, 1970).

Similar results came from a longitudinal study reported by Furstenberg, Brooks-Gunn and Morgan (1987). This research began as an evaluation of a comprehensive care program for poor, adolescent mothers in Baltimore who were mostly unmarried and black; 300 mothers originally participated. The first follow-up of this cohort occurred five years after the original and the second follow-up was done when their children were adolescents, 17 years later. The results upset what many people had predicted. A substantial number of the mothers completed high school,

found regular employment, and even when they had been on welfare, eventually managed to escape.

The authors of this study point out that a limitation of most studies on the consequences of early childbearing is their focus on the years immediately following the birth of the first child. "The transition to parenthood is clearly quite difficult for teenagers. . . . Early and unplanned parenthood obviously complicates the normal course of adolescent development" (Furstenberg et al 1987:9). They claim that determining a young parent's adjustment at or shortly after the "inception of motherhood may provide an especially negative impression of her eventual capacity to cope with parental responsibilities" (1987: 9).

The authors do not question the evidence that early childbearing increases the risk of social and economic disadvantage. They do question the accuracy of the social stereotype of teenage childbearing. "This flamboyant rhetoric has shaped the political discourse about teenage childbearing, heightening the sense of urgency for remedial action. However, such interpretations seem to go well beyond the available evidence" (1987:8).

A study reporting "significant, measurable advantages for relinquishment" which does compare mothers who relinquish with mothers who parent is one sponsored by the Office of Population Affairs, U. S. Department of Health and Human Services, with the cooperation and assistance of Options for Pregnancy and Adoption Services of the Western Association of Concerned Adoptive Parents. This study by McLaughlin, Pearce, Manninen, and Winges (1988) indicates that "mothers who choose adoption for their children are more successful in completing vocational

training, delaying marriage, and avoiding a rapid subsequent pregnancy. They also are more likely to work after the birth and to live in higher income households" (1988:323).

On measures of self-esteem, satisfaction with life, and satisfaction with the decision there were few differences between the two groups, though mothers who relinquished reported a higher rate of dissatisfaction with their decision. The researchers surveyed 146 mothers who placed their children for adoption and 123 mothers who parented; the population was about 80 percent white.

All of the adolescents in the comparison groups received pregnancy counseling from Options for Pregnancy, a service associated with the Western Association of Concerned Adoptive Parents. The authors state that "these clients cannot be regarded as representative of pregnant adolescents, because almost all clients have rejected abortion as a means to resolve their pregnancy and are seeking counseling regarding adoption versus parenting. Further, because the counseling service is affiliated with an adoption agency, the clients are . . . more likely to be considering adoption" (McLaughlin et al 1988:321).

This tendency is reflected in the relinquishment rate among these clients, which is about 50 percent compared with a national rate of about seven per cent of all live births to adolescent mothers.

The data were collected six months to seven years after the birth of the child and the purpose of the study was to provide pregnancy counselors with more solid information than they previously had available. The working assumption was that adoption was better for both the mother and child, but they needed research to confirm that. Since this study is done with a group having a vested interest in adoption

services, and because it again concentrates on the early post-relinquishment period, the results are not surprising. Even here, though, mothers who relinquished report less satisfaction with their decision.

These studies illustrate the two conflicting strands of thought--adoption is better or keeping is better--and also point up the need for more research. Furstenburg et al worked with a population of urban black teenagers in the Baltimore area; the other studies were with a primarily white sample. All researchers have discovered that there are striking differences in the rates of pregnancy, family support, pregnancy outcome, and life course between the two research populations. Molly Dougherty's study of young black mothers in rural north Florida (1978) was one of the first to document these differences.

Other limitations to studies of unwed pregnancy and relinquishment include sampling procedures that are hampered by cultural and legal restrictions; non-comparability of the data because of differing forms of adoption and differing number of years since relinquishment; differing goals of the researchers and their funding; and methodologies so different that the results are not comparable.

It is clear that a longitudinal study such as the Furstenburg one needs to be done that would include both unwed mothers who relinquished and mothers who kept their infants. Both psychological well-being and material well-being should be measured and consideration should be given to the sensitive and emotional nature of the questions. In-depth and open-ended interviews should be included as well as questionnaires and survey forms. It is important that information gathering allows women to

give fully considered, individually-shaped responses to questions that respect the highly subjective nature of the topic.

Independent Study

An independent study undertaken by a writer unaffiliated with a particular academic discipline is reported in *Birthmothers: Women Who Have Relinquished Babies For Adoption Tell Their Stories* (1994) by Merry Bloch Jones. Jones has been a producer/director at a Philadelphia television station and an instructor at Temple University. She became interested in adoption because her husband and his ex-wife had adopted a child from Korea and she wondered about the child's mother and the circumstances which led her to leaving her four-month-old baby on the steps of a police station.

Jones contacted national support groups for volunteers and also gained some twenty of the 70 women from word-of-mouth referrals from doctors, lawyers, counselors and others. She first sent questionnaires to each participant and then followed up with in-depth interviews. Her purpose was "to explore the effects of relinquishment on the lives of birthmothers and to search for commonalities, consistencies and patterns in their experiences" (Jones 1994:xii).

At the initial stage, the author says that many of the birthmothers were suspicious. They wanted to know who she represented, how she was going to use the material, what personal connection she had to adoption. "As I explained, repeatedly, that I had no connection to adoption, no affiliation with any 'side' or interest group, no ax to grind, I began to realize that, to birthmothers, relinquishment was more

than merely a life-altering turning point. For most, it was an invisible barrier separating them from the bulk of humanity" (1994:xiii).

The book is "not about women who relinquished happily," says Bloch, "because I was unable to locate any." The women in her study are described as "mostly mainstream": accountants, nurses, psychologists, social workers, homemakers, teachers, and others.

> Socially, economically and professionally, they cover a wide spectrum. They all relinquished children at least seven years ago. They all believe that relinquishment profoundly affected their lives. They all hope that by sharing their experiences they will help others--in and out of the adoption triad--who are struggling with problems related to relinquishment. All generously volunteered their time, energy, and emotion to support that effort. . . . Writing about experiences that have profoundly changed others has, in turn, profoundly affected me. In the course of interviews, I became startled by some of my own preconceived notions and prejudices regarding birthparents. [Jones 1994:xv]

Writing this book, says Merry Bloch Jones, has "emphasized for me the inestimable value we place on our children, the persistence and strength of maternal desires, and the mysterious bonds that link us, mother to child, individual to individual."

More Research is Needed

The goals and the methods of these studies have varied, depending on the academic discipline involved and the focus and perspective of the researchers. Anthropologists who have published have primarily been interested in kinship implications of American adoption, not the emotional affects or the human rights issues.

Since unmarried women are the focal point of societal anger and of calls for reform, we need to replace untested hypotheses and ideological assumptions with valid research built upon the real experiences of individuals and their families over the life course. Theory that is

grounded in lived reality is a better starting point for the formulation of social policy, and anthropologists now have an opportunity to add a meaningful dimension to the public debate on family and the values that surround family life in American society as well as others. Longitudinal studies and life history materials are especially valuable as a way to see how past social policy and past individual decisions about pregnancy and parenting affect the life course of family members. Knowledge gained may assist in devising positive social policy for the future.

Crucial information is missing from debates on social policy. We are proposing solutions that involve the transfer of children from natural families to adoptive families or to orphanages. Currently we have little evidence that this will bring about improvement in society or the families that gain a child. Neither do we know how this severing of the relationship between natural mother and child will affect the life course of the mother and child.

Thus far, the larger and very basic questions have not been addressed. What is the nature of the mother and child relationship? Is there a natural bond of kinship and concern? Or can the bio-social and affective basis of consanguineal kinship be negated without serious harm to families? What transformations of motherhood must occur in order to successfully transfer children from their natural family to an unrelated family?

CHAPTER 2
UNWED MOTHERHOOD, SOCIAL WORK AND ADOPTION

Social Work Molds Motherhood

In order to understand how unwed motherhood became so paired with adoption, it is necessary to examine briefly the history of social work. In the early years of the United States, out-of-wedlock pregnancy was seen primarily as an individual or a family problem. Then, as the population increased and the numbers of unwed mothers increased, their pregnancies and their motherhood came to be defined as a social problem. Once categorized as a social problem, unwed motherhood emerged from private shame to public stigma. This emergence also coincided with a move from private responsibility to public responsibility. The recent work of three historians--Solinger (1992), Morton (1993) and Kunzel (1993)--charts the changes in societal attitudes and treatment of unwed mothers and clarifies the intersections of gender, race, and class.

Their work provides a solid foundation of understanding how motherhood has been shaped by social work. Other authors such as Abramovitz (1988) and Polakow (1993) add to the general understanding of single mothers and poverty in American society. Abramovitz points out that Aid to Dependent Children (the federal assistance program for single mothers) was designed to help mothers reproduce the labor force (p. 315), which makes it an easy leap to see why, in 1995 when the labor force is no longer needed, assistance programs might be cut.

Polakow insists that we acknowledge the desperate and powerless world of poverty and violence that single mothers and their children must negotiate in their struggle to survive. She deconstructs the myths of "normalized motherhood" in order to understand the marginalized lives of poor, single (therefore "deviant") mothers.

Earlier publications also illuminate societal attitudes and social work policy during the decades in which unwed motherhood became defined as psychological pathology and adoption the goal of social work. The following works were authoritative references at the time of publication and are still relevant: Leontine Young's *Out of Wedlock* (1954), Vincent Clark's *Unmarried Mothers* (1961) and *The Unwed Mother* (1966), edited by Robert Roberts. *The Unwed Mother* includes cross-cultural perspectives, with essays by Malinowski, Goode, and Christensen. In his introduction, Roberts reiterates the common theme that unwed mothers threaten the legitimate family system, but he also makes it clear that they also perform the important positive function of providing children for infertile families (1966:4).

Based on a sociology dissertation, Prudence Rains published *Becoming an Unwed Mother* in 1971. Her research, based on field work in three maternity home settings, provided an early discussion of the differences in treatment afforded "Negro" unmarried mothers and upper or middle-class white unmarried mothers.

A comparative example of British case work with unmarried parents was written by Jean Pochin (1969). She asks if social workers are helping unwed mothers to reach the "right decision" and notes that in Britain only 25% of all illegitimate children are "offered for adoption"

whereas in the United States 75% of illegitimate children are relinquished (*Without a Wedding Ring* 1969:vii).

The following discussion illustrates how "the right decision" has been shaped by moral, philosophical, and economic factors over a period of many generations.

Outdoor Relief and the Poor House

Until the mid-nineteenth century, social policy for those who became dependent--the poor, the disabled, the sick, the widowed, and unmarried mothers--was based on American versions of the British poor laws. The only public responsibility for dependence was borne by the local government. This assistance consisted of "outdoor relief" for those who could remain in their homes but needed fuel or food or some other necessity. The outdoor relief was minimal, geared towards staving off starvation. An able-bodied adult receiving such aid might be auctioned off to a private householder to work; a woman might be bound out as a servant, and her children might be placed elsewhere. All indigent parents and especially women, were vulnerable. State and local governments often took custody of children whose parents asked for public assistance. An 1811 Ohio law, for example, provided for the relief of abandoned women by permitting the court to bind out their children as apprentices (Morton 1993:20-21).

As urban commercialism expanded and a surge of European immigrants multiplied the number of poor or out of work residents, institutions developed to handle the growing numbers of destitute people. These institutions, called poorhouses, almshouses, or the "county farm" were shelters for the absolutely destitute. There, social planners believed

that material sustenance could be combined with moral improvement that would prevent further reliance on local taxpayers (Morton 1993, Ch. 1).

These institutions "sheltered all dependents, regardless of the cause of their indigence: illness, insanity, transience, old age, bad luck, or seduction" (Morton 1993:21). Since most poverty was attributed to individual failing, administrators of the poorhouse could control and improve inmates' behavior. "Vices would be forbidden, and virtues, especially industry, would be encouraged. The absence of amenities and rigorous discipline would discourage dependence" and save money to the taxpayers in the long run. At the very least, poorhouses would keep the growing numbers of poor out of sight behind high fences or brick walls (1993:23).

Women who had children but no male breadwinners--widows, deserted wives, and unwed mothers--were at great risk of becoming dependent upon public support. Out-of-wedlock pregnancy was, therefore, interpreted as both sin and public expense, with an emphasis on the sinfulness of extramarital sex and pregnancy. The primary purpose of sexual activity was supposed to be procreation within the family. The sexual immorality of unwed mothers provided justification for their early eviction from the poorhouse and provision of the most minimal of public aid (Morton 1993:21-24). Women branded with the "scarlet letter" by evidence of their illegitimate children could not expect public support.

However, earning a living was doubly hard for single mothers. There were restrictions on female employment, the wages were low, and women had to care for their children. Few employers wanted infants and young children to accompany women at work. Newborns often did not survive in the poorhouse, but a woman unable to support herself and an

infant might be forced to leave her child there so that she could get employment. Children left at the Cleveland Infirmary, one of the focal points of Morton's discussion of poorhouses, were regularly placed out to homes or indentured. This was a source of pride to the superintendent who saw this policy as "a benefit to the children and a tax-saving benefit to the citizens of the city." Children were also sent to the orphanages, which generally housed destitute rather than orphaned children (1993:31).

New York City handled their overrun of children in orphanages by shipping them out to the countryside to be bid on by farmers and small-town inhabitants who needed extra labor. Until 1853, when Charles Loring Brace pioneered foster home care, indenture, institutional care, and outdoor relief were the chief services available to children in need in this country. Brace began to direct the children's mission in New York City in that year, renaming it the Children's Aid Society. Almost at once, Brace "began to carry out his idea of withdrawing vagrant and destitute children from the streets of the city and transplanting them into suitable homes in another environment" (Fink 1942:72).

> In all likelihood, these mass emigrations consisting of hundreds of children were founded more upon a desire to remove the children from city streets than upon a certain knowledge of the intricacies of child placement. For the leaders of the movement the chief problems were those of gathering children, transporting, housing and feeding them rather than the problems of separation of children from kin and friends and the readjustment to a different home and strange people. The situation resulting from the failure to distinguish the importance of these problems was made still more difficult by the profit expectations of so many of the people into whose homes the children were placed." [Fink 1942:72]

Between 1853 and 1890, the Children's Aid Society sent over 92,000 children to free foster homes "in the country" where children

often exchanged hard labor for support (Abramovitz 1988:164). There were twin goals here: child welfare and social control. The institutions and child-placing agencies believed that the children would be better off if they were removed not only from poverty, but from the bad influences of their pauper parents. Transferring children to homes where they would learn "the habits of industry and good order" would benefit society as well as the child (Abramovitz 1988:165).

The orphanage or institutional system for children of poor parents was giving way to a form of foster home and indenture. The grudging support for unmarried women or their children came under even more pressure as the social purity movement in the 1870s and 1880s gained strength. Public officials feared that sheltering or aiding unwed mothers implied their approval of illicit behavior. This, combined with the new belief that dependent children and adults should not be housed together, meant that unmarried mothers with children were often refused entrance to the poorhouses. This was also the period of intense efforts to "assimilate" Indians into a prescribed lifestyle--a golden age of white, middle and upper-class arrogance in which boarding schools and orphanages were meant to re-form the indigent and the "other" into "civilized" citizens who were mirror images of their benefactors.

Removal of children from parents judged to be inferior was an opportunity to improve society by exposing the children to a new environment and training them to lead productive lives.

Certainly, the scores of orphanages and county children's homes that were founded between 1850 and 1880 were of dubious help to single or poor parents because their children might be sent away before the parents could become financially independent enough to retrieve them.

Most institutions appropriated all parental authority to themselves as part of the conditions of accepting a child. Some restricted or forbade any contact between the child and his or her natural family. Since the philosophies of Social Darwinism and eugenics assumed that most cases of pauperism were due to factors that were hereditary, poor families and especially single mothers, were especially vulnerable to separation. "To keep such families together is contrary to sound policy; the sooner they can be separated and broken up, the better it will be for the children and for society at large" (Abramovitz 1988:167). The line of "pauper descent" had to be broken.

A mother without resources now was forced to choose between shelter in the poorhouse without her child or a precarious existence on outdoor relief for them both (Morton 1993:30-31).

With these changes in social welfare practice, churches expanded their role in "rescue" and refuge.

Evangelical Rescue Missions

Churches acting as social welfare agencies in nineteenth century cities had as their strategy a double mission: to save souls while they saved lives. The evangelical movement enjoyed a resurgence after the Civil War. For Americans who believed that poverty resulted from an individual's lapse from grace, religious conversion remained a logical solution to dependence. Efforts to provide social services were always accompanied by efforts to proselytize (Morton 1993:38-39).

The maternity home movement began as part of these evangelical missions. "Fallen women" were raised up by a combination of discipline and internment in residential homes for a long enough period to convert

them to Christianity and subdue their possible propensity for illicit sexuality. "Go Sin No More" became the motto of the largest of the maternity homes, the Florence Crittenton Mission. The Salvation Army Rescue mission was similar, "To provide a home for fallen girls who wish to reform; . . .to teach them habits of industry and self-help. . . to lead them to Christ for salvation" (Morton 1993:44).

Kunzel calls this the Victorian script of seduction and abandonment. The evangelical women who were responsible for the rescue of fallen women conceived of the pregnant women as victims of male betrayal and of circumstances in society that rendered some women particularly vulnerable to seduction. The maternity homes were to provide redemption and preparation for an independent life. There was a close connection between work and religion in this redemptive plan. Maternity home clientele were to be taught useful domestic skills, kept busy at all times, and retained in the maternity homes long enough to become reformed in habit and redeemed by the love of God.

There were some economic advantages for the homes with this strategy. The inmates worked eight to ten hours a day at their domestic chores, not only to keep up the work within the residence, but to help support the homes by taking in laundry, ironing, and sewing. In addition, institution matrons could help meet the growing shortage of domestic help. They offered their "graduates" for employment as domestics during a time when new work opportunities for women were making it difficult for the upper class to get good servants. The administrators of the homes advertised, accurately, that a woman with a young child would be so grateful to have employment where she could keep

her child with her that she would be a faithful and industrious employee (Kunzel 1993:26-29).

As long as evangelical matrons were in charge of the maternity homes and professional social workers not yet in ascendance, women were expected to keep their children. The long residence in the homes guaranteed that the women would have skills useful in gaining paid employment and also assured that they would know how to care for their infants and that a close bond would be formed between mother and child before they left the home. Maternal preoccupation was believed to have great transformative power, whereas relinquishment of their infants might result in a higher rate of recidivism. The responsibilities and satisfactions of motherhood helped to settle a young woman down and keep her on high moral ground.

Kunzel points out that this implicit endorsement of fatherless families was a bold gesture and gave evangelical sanction to a potentially radical alternative to the patriarchal family; it was also economically risky, since the difficulties of a single mother supporting a child were well-known (Kunzel 1993:33-34).

The Rise of Professional Social Work

By 1925, science, in the form of psychiatry, social engineering, eugenics, and the professionalization of social work, challenged the dominion of the evangelical charity workers in the field of illegitimacy and unwed mothers. The Charity Organization Society, as part of the overall move towards "rational" analysis and treatment of social problems, advocated secular, rational, scientific charity. The Society repudiated sentimental benevolence with regard to out-of-wedlock

pregnancy. In the 1920s, social work leaders urged practitioners to focus less on promoting social justice and more on adjusting the individual to the environment (Kunzel 1993: 44-47).

> Whereas evangelical women located the problem of illegitimacy in a society that endangered young women and a sexual double standard that condemned them, social workers placed unmarried mothers at the vortex of a constellation of larger social problems that revolved around the state of morality and family life. By various interpretations, the unmarried mother functioned as cause or effect of those problems; that she was embroiled in this maelstrom, however, was uncontested. [1993:50]

This theme runs consistently through recent American historical periods. In the 1800s, the presumed immorality and contagious effects of unwed mothers was cause for their eventual exclusion from poorhouses as well as the paucity of public aid. Church-based charity came to the rescue with the rise of the maternity home movement. But in spite of the movement's seduction and betrayal narrative, strong elements of blame and fear still permeated social attitudes inside and outside of maternity homes. A 1906 Florence Crittenton Mission magazine, for example, quoted Judge Benjamin Lindsey as saying that unmarried mothers "are in society a part of its problem and its filth. They are responsible for many of the divorce cases, for its broken homes, desertions, sorrow, misery, blighted faith, despair, and the great mass of social ills which infect society" (Kunzel 1993:51). The social reformers of today need only look to history to find their welfare reform ideology; no original thinking is required.

In Lindsay's view and that of many of his contemporaries, unmarried mothers were not victims, but agents of larger social problems. Taking up these attitudes, social workers began to see unmarried mothers not as endangered but as dangerous.

Public debate on the breakdown of the family and family values was as heated then as it is in the 1990s. Progressive reformers and social critics in the 1910s and 1920s saw the rise in illegitimate births, the increase in divorce rates and the overall falling birthrates as indications of the imminent demise of the family. Then, as now, changes in the economic system and in the world political scene were cause for a general anxiety that seemed to find its focus in the perceived assaults on the family. Kunzel says that if the apparent rise in the rate of illegitimacy explained some of the renewed concern about unmarried motherhood, "it is not sufficient to explain the near-apocalyptic language used to express that concern. . . their construction of its meaning granted out-of-wedlock pregnancy a symbolic significance that far outran its numbers" (Kunzel 1993:51).

During this period, the influence of psychology, social eugenics, and the new diagnostic mental ability tests, combined to help social workers write a new script for unmarried mothers. "Feeblemindedness" was a diagnostic category that had enormous popularity beginning in the 1910s and seemed to social workers to provide an explanation of out-of-wedlock pregnancy. For feeblemindedness, a logical preventive measure for additional illegitimate births was sterilization. It was probably no accident that the diagnostic indicators of feeblemindedness were vague and that the intelligence testing made it likely that immigrants and people from a working class background would not do as well as the middle-class originators of the testing.

If the woman seemed to be too intelligent and competent to squeeze her into that category, the next favorite one was "sex delinquent." Kunzel notes that the term delinquent was very strongly gender-defined.

Young males who exhibited unapproved behavior were social delinquents or juvenile delinquents, but young women were sex delinquents. There was no sexual delinquency category for males. Likewise in the earlier "fallen woman" script, there was no fallen boy or fallen man.

Placing the cause of out-of-wedlock pregnancy on the woman, and sometimes on her family background, allowed social workers to focus on individual treatment rather than on the correction of social problems. By their standards, a normal woman was sexually passive, but a sex delinquent was aggressively sexual, willfully violating sexual sanctions and thus dangerously sexual.

Social workers also reconceptualized the fathers of the illegitimate. No longer were they the seducers and betrayers of vulnerable women; now they became the victims of a sexually aggressive woman or a feebleminded woman not fit for being his wife. Since he could not even be sure that he was the father of the child, why should he be saddled with its support? Further, this responsibility might endanger his chances for marriage to a suitable woman that he cared for (Kunzel 1993:57).

Few writers or social workers concerned themselves with any analysis of unmarried fathers. They were most conspicuous by their absence, both for the unmarried mother and in the social analysis of illegitimacy. However, Leontine Young (1954) does include one chapter on the unmarried father. She, too, defends him and apologizes for what she considers to be an unfair attitude on the part of society. "The punitive nature of our laws, court decisions, and official rulings places even the most conscientious man immediately on the defensive, a position resented by every person as undignified, embarrassing, and injurious to

self-esteem. In a great many cases the so-called 'alleged father' is in effect accused of trying to escape responsibility before he can so much as open his mouth" (1954:132).

The script is now reversed. Same situation--single, pregnant women--but a new construction of meaning. And a new treatment for the problem. He is no longer the seducer, but a misunderstood man whose self-esteem and well-being are jeopardized by a pathological, sexually hyperactive woman.

In the decades of combined evangelical-based maternity homes and professionalized social work, maternity homes were pressured to have at least one caseworker on staff, either part-time or full-time. The new, client-centered treatment of illicit pregnancy was casework: the process by which social workers, "with an understanding, uncensorious, and objective attitude" encouraged the unwed mother to discuss her difficulties and her options. Social workers, with their new self-consciousness "scientific and objective" approach, believed that with enough casework, an unmarried woman would lose what they saw as her "hostility" and be freed to make constructive plans in conjunction with the social worker (Kunzel 1993:135).

Author Kunzel points out that the women themselves saw this process quite differently, and as will be shown later, so did the women in my study. "Unmarried mothers experienced the interview less as an exploration of her problem than an invasive interrogation," and they saw the social workers as condescending, overly interested in detailed descriptions of their sex life, judgmental, and eager to pursue their own agendas under the guise of objectivity (1993: 135).

Conflict between unmarried mothers and social workers was often exacerbated by social workers' failure to keep information confidential. Workers did not trust the mothers to tell the truth and often talked with family members or even employers to verify statements and to assess the mother's situation. The result of this broken confidence could be disastrous for the mother, causing her to be thrown out of her family and fired by her employer (Kunzel 1993:135-136). The mothers who sought counseling or were forced to undergo casework also resented the posture that social workers took in encouraging confidential disclosures. At a time when most women are exceedingly vulnerable and in need of a strong friend, they felt betrayed by the social workers who elicited confidences. Posing as a caring, compassionate friend who had their best interests at heart, the worker was likely to later turn those emotional confidences against the women, either by telling others, or by exploiting what weaknesses they had discovered, in order to convince a woman to relinquish. For, by the 1940s, adoption was the agenda that social workers were promoting. The policy of redemptive motherhood had given way to reformative adoption (Kunzel, Solinger, and others).

Maternity home records show that two out of ten babies were adopted between 1890 and 1930. By the early 1950s eight out of ten were adopted (Kunzel 1993:154). Most maternity homes were segregated, so this reflects relinquishment rates among whites. The total of illegitimate births and adoptions cannot be calculated because record-keeping was, and still is, inadequate.

Anne Brodzinsky (in Brodzinsky and Schechter 1990) phrases the same information in another framework. In reviewing adoption practices, she notes that until the recent past, "it has been fairly common

knowledge that . . . a greater commitment of both professional energy and financial resources has been made in the service of relationship between a child and prospective adoptive parents than in support of a relationship between the same child and his or her biological mother" (1990:295).

"Adoption personnel have long fostered the notion," continues Brodzinsky, "that women who surrender an infant for adoption are acting in the best interest of the child and themselves" (1990:295).

Bernstein (1960), The Child Welfare League of America (1960), Kadushin (1974), Riben (1988) and others agree with this assessment that social policy and social workers were focused on relinquishment. Even though accurate statistics are difficult to get, there is widespread concurrence that the percentage of relinquishments in the 1950s and 1960s ranged between 75% and 90% for illegitimate births. By the 1980s, that figure dropped precipitously.

Citing social upheavals and "new freedoms" associated with the civil rights movement, the women's movement, and relaxed attitudes about illegitimacy, Brodzinsky asserts that "In 1970, approximately 80% of the infants born to single mothers were placed for adoption, whereas by 1983 that figure had dropped to only 4%. . . . " (1990:297).

Adoption Served Multiple Purposes

Adoption became the preferred response of social work to illegitimate pregnancy for a variety of reasons. One was a turning from mother to child as the client. "If," as Kunzel says, "social workers had lost a victim in the unmarried mother, they seem to have gained a new one in her baby" (1993:129). For the evangelicals, the child had been a

tool for the redemption of the mother and one of the strongest incentives for right living. For the professional social worker, the child deserved to have all the opportunities that a legitimate child would have and should be delivered of the sins of its mother, by being delivered to better parents.

Strongly influencing this move to adoption was the assessment of the unwed mother as unfit and psychologically damaged--neurotic or worse. The psychiatrization of unwed motherhood, which had its origins in the "feebleminded" and "sexual delinquent" diagnoses of pre-World War I social workers, was transformed into a psychiatric diagnosis that precluded motherhood. A single woman who got pregnant was, by that very fact, an unfit mother. Social workers seemed to have no difficulty characterizing any woman who so unwisely became pregnant as immature, incapable of providing sustained care, ignorant, incompetent, and unfit to raise her own child (Kunzel 1993:129-130).

Social worker and author, Rose Bernstein, puts the diagnosis in these terms:

> The theory of out-of-wedlock pregnancy currently aaccepted among social workers and members of other helping disciplines is that it is symptomatic and purposeful, an attempt by the personality to ease an unresolved conflict. The extent to which we are committed to this point of view can be seen in some typical excerpts from the literature. [1966:105]

Bernstein then quotes from three different social work articles characterizing "unmarried motherhood as a symptom of a more pervading personality difficulty". . . . "pregnancy for the unmarried woman is a symptom of underlying emotional difficulty" (which she is acting out through her pregnancy), . . . and "Her illegitimate pregnancy is the result of an attempt to solve certain emotional conflict. . . "

(1966:105). Bernstein's article originally appeared in the professional journal, *Social Work* in 1960, and the literature she quotes is from three articles published, respectively, by *Child Welfare* (1956), *Casework Papers* (1955), and *Social Casework* (1957).

Bernstein points out the assumptions that follow naturally from such a premise.

> Our assumption that illegitimate pregnancy is invariable rooted in personality pathology has led us to accept uncritically certain further assumptions deriving from the basic one, namely:
> 1. That the same neurotic conflict which resulted in the out-of-wedlock pregnancy will motivate the girl in planning for her baby. Her decision about the baby is based not upon her feeling for him as a separate individual but on the purpose for which she bore him.
> 2. That adoption is the preferred plan for the babies of unmarried mothers. . . . and
> 3. That the girl who relinquishes her baby is healthier than the one who keeps hers. [1966:115]

Bernstein is trying to sound a note of caution to other social workers in this article, saying that "No doubt many girls who should be relinquishing their babies are keeping them. Conversely, it may well be that some girls who are relinquishing their babies should keep them" (1966:115). She recognizes that one mother may be giving up her baby for reasons as neurotic as another's who keeps hers. However, if social workers are committed uncritically to the assumptions she has outlined, then the "adoption plan" is not subject to the same thorough going over as would be a plan to keep the baby. Bernstein acknowledges that social workers are not "likely to examine the extent to which factors in the girl *and* in society are responsible for making one plan more desirable than another" (1966:115).

Even though Bernstein and others were well aware in the 1950s and early 1960s that the long-range outcomes of either plan were unknown, "we are subscribing to a point of view which states in effect that the

presence of neurotic conflict automatically cancels out the validity of an impulse which is biologically determined" (1966:116).

Bernstein suggested in this article that social workers needed to broaden their knowledge and "divest ourselves" of the stereotyped images of unmarried mothers--and "recognize the conflicts in our own roles as social workers."

Testimony of the unmarried mothers in this study indicates that very few social workers heeded Bernstein's suggestions for ridding themselves of stereotypes and evaluating each case on an individual basis. For more than two decades, this pathological diagnosis of illegitimate motherhood dominated social work practice and pregnancy planning.

Rickie Solinger, a student of Herbert Gutman's, brings racism into the picture in her discussion of social policy for unwed motherhood (1992). She presents evidence of two very different strands of social work treatment for white women and black women in the period of 1945 to 1965, which is corroborated by Kunzel (1993), Morton (1993) and others.

Since more and more unmarried middle-class white women were becoming pregnant, it became harder and harder to classify them as feebleminded or sexually delinquent; they looked, behaved, and seemed to be no different than millions of their non-pregnant peers or the daughters of the social workers and the doctors. However, the fact of pregnancy was sufficient to warrant a diagnosis of psychologically disturbed, neurotic, or even psychotic. And, before abortion was legal, there was a slim, very slim, chance that a psychiatric evaluation from two psychiatrists attesting to the young woman's disturbed state and her unfitness for motherhood would warrant an abortion.

By the 1950s, procedures and medications had eliminated the need for almost all medically indicated abortions. That left only psychiatric grounds, which most doctors did not believe in. If the woman managed to get approval for an abortion, she faced other unknown (to her) risks. Solinger cites three medical journal articles showing that between 69% and 75% of abortions in at least two major hospitals were accompanied by sterilization (Solinger 1992:5). Several of the women in this dissertation study who were not able to conceive again have wondered if their medical treatment during the pregnancy rendered them sterile. Two know that medical mistreatment made them unable to have other children ("Roseanna" and "Jackie").

Sterilization had been a preferred medical component of treatment for the rather vague diagnosis of feeblemindedness in unmarried mothers; now it was transferred to other psychological diagnoses, equally vague.

> Many unmarried girls and women got pregnant and for one of a number of possible reasons did not get an illegal or "therapeutic" abortion. So many spent most of their months of pregnancy in some or all of the following ways: futilely appealing to a hospital abortion committee; being diagnosed as neurotic, even psychotic by a mental health professional; expelled from school (by law until 1972); unemployed; in a Salvation Army or some other maternity home; poor, alone, ashamed, threatened by the law. If a girl were so reckless as to get herself pregnant outside of a legally subordinate relation to a man in the postwar era, all of society had the right to subordinate her human dignity to her shame. [Solinger 1992:4]

If a girl were white and broadly middle class and failed to obtain a therapeutic abortion, or never sought one, "there was a pretty fair chance her parents would pack her off to a maternity home just before she began to 'show'" (Solinger 1992:5). Parents sought admission for their daughters to maternity homes in a different city or sometimes room and board with distant relatives--anything to save face in their communities. Other women, not sent out of town, report that they were

not allowed to come out of their rooms if anyone came to the house and that on trips to the doctor, they were forced to lie on the floor of the car so no one would see them ("Nicole," "Ellen," "Morgan," "Jackie," and others).

Shame was a major factor in how women and their families responded to an out-of-wedlock pregnancy (see case summaries in Appendix C). Reports in the case notes in Kunzel, Solinger, and Morton mention attempted suicides and other forms of extreme duress that single women experienced during their pregnancies. To be single and pregnant in the two decades following World War II was to be in a desperate predicament. And the numbers of women who found themselves in that predicament were increasing year by year. In 1940, for example, an estimated 90,000 births were illegitimate; in 1945, 117,000; in 1950 there were 142,000; and by 1960 the numbers had risen to 224,000 (Bureau of the Census, Historical Statistics of the United States:52). Births overall had risen dramatically, too, and the number of births should be considered in terms of estimated rates of illegitimacy, which rose from 7.1 per cent of births in 1940 to 21.6 per cent in 1960.

The treatment of black out-of-wedlock pregnancy was very different from that of white women. For black women, the psychological diagnosis that focused on the woman's individual maladjustment was substituted for a more general "black pathology." Social workers and other human service professionals claimed that black single pregnancy was the product of family and community disorganization. Solinger comments on the irony of this diagnosis in comparing family and community responses among blacks and whites to out-of-wedlock pregnancy and childbearing (Solinger 1992:6-7).

> . . . it is striking how the black community organized itself to accommodate mother and child while the white community was totally unwilling and unable to do so. The white community simply organized itself to expel them. Still black girls and women who became pregnant while single faced a forceful array of prejudices and policies threatening to the well-being of poor, minority, single mothers and their children. [Solinger 1992:7]

In contrast to the very large percentage of white women who gave up their babies for adoption in the period that Solinger studied (1945-1965), about nine out of ten black women kept theirs. In the postwar New York study by Sauber and Rubinstein (1963), 96 percent of black women keeping their babies reported deep satisfaction with this decision eighteen months later. "Yet," says Solinger, "welfare and social caseworkers persisted for years in their claims that the only reason why blacks kept their babies was that no one would adopt them" (1992:7).

The same set of social workers and caseworkers claimed, for white women, that "only the most profoundly disturbed unwed mothers kept their babies, instead of turning them over to a nice, middle-class man and woman who could provide the baby with a proper family" (1992:6). Motherhood was turned on its head. "If you love your baby, you will relinquish; if you want to raise your own child, you are sick."

To justify the distinction between black and white women and to justify the resulting racially distinct policies and practices, a different morality had to be attached to black and white.

> White women in this situation were defined as occupying a state of "shame," a condition that admitted rehabilitation and redemption. The pathway was prescribed: casework treatment in a maternity home, relinquishment of the baby for adoption, and rededication of the offending woman to the marriage market. [Solinger 1992:25]

White illegitimacy among the middle class was not seen as a racial defect nor as an automatic public expense, so the stigma suffered by the unwed mother was individual and familial. Black women were not shamed,

but simply blamed, "blamed for the population explosion, for escalating welfare costs, for the existence of unwanted babies, and blamed for poverty among blacks" (Solinger 1992:25). There was no redemption possible, in the eyes of social welfare policy-makers of the time, only retribution. Retribution took the form of sterilization, harassment by welfare officials, and public policies that ensured the lowest possible level of aid.

According to Solinger (1992:24), public and private agencies and government policies viewed both black and white women as breeders, but with a major and consequential distinction: black women were seen as socially unproductive breeders who had to be restrained and punished, while white unwed mothers were socially productive breeders whose babies, unfortunately conceived out of wedlock, could offer infertile couples their only chance to construct proper families.

If one can derive the intentions of policy from its outcomes, says Solinger, then it seems clear that white unwed mothers were designated as contributors to the white, family revitalization imperative of post-war social policy. They could provide babies to infertile couples who could then become the idealized nuclear family. The "rehabilitated" childless mothers could go on, later and properly married, to have children of their own (1992:26). In this view "children of their own" did not include out-of-wedlock children; these belonged to other people.

> A few social service providers in the postwar period critiqued the system that mandated relinquishment of white babies on an every-case basis, but the vast majority, including officials of the United States Children's Bureau, the leadership of the Salvation Army, Florence Crittenton Association of America, and Catholic Charities, psychologists, psychiatrists, and clergy were largely in agreement that white unmarried mothers must, for the sake of their own futures and the future of the illegitimate child, put these babies up for adoption. [Solinger 1992:26]

Researchers, writers, social workers, and women who experienced unwed motherhood in the postwar decades agree about the severity of the adoption mandate and the clear-cut differences in policy and practice between white women and black women. Childrearing or child-giving options for both of them were severely limited by opposite mandates.

Solinger's intent is to provide a feminist analysis of the social and political uses and meanings of female fertility as played out in social policy for unwed pregnancy. She argues convincingly that politicians and others in the United States have been using women's bodies and their reproductive capacity to promote political agendas hostile to female autonomy and racial equality. The post-war agenda for families shaped welfare and abortion politics in the Reagan-Bush period which were built on the racist and sexist assumptions of earlier decades. At its heart, "as social policy, this agenda yearns to reproduce a society in which all 'illegitimate mothers' are in disgrace and in danger, without male protection" (Solinger 1992:19).

Summary of Social Work Shaping of Motherhood

The research and social analyses provide by Kunzel, Morton, and Solinger are particularly valuable to those who are formulating contemporary social policy for unwed mothers. Some mistakes need not be repeated and the more positive efforts at family preservation can be retained or reinstituted. Solinger's focus on the double standard of diagnosis and treatment, according to racial classification and societal perceptions of "socially productive," partially explains why so many white, middle-class white women relinquished a child to adoption and so few black women of any class did.

Solinger says that black women were punished for their uncontrolled sexuality; in my opinion, the element of punishment was just as strong for white women as it was for black women. Black women were discriminated against in denial of access to maternity homes and social services, but they were able to keep their babies. For those who may have wanted to relinquish, this was nearly impossible.

White women were consistently and intensively stigmatized and shamed. More white women received shelter and medical care, but this was dependent on surrendering their children to adoption and their treatment in the maternity homes and by medical personnel was quite punitive. The outcome of pregnancy for both white and black women was strongly shaped by the social and political agenda.

Kunzel and Morton do not focus on racial differences in the treatment of unwed mothers, but both acknowledge this difference. Morton's history uses the city of Cleveland for an example, but she does relate Cleveland's social history and treatment of unwed mothers to the rest of the country.

Kunzel takes care to point out that the unwed mothers were also actors in these dramas and not just passive recipients of others' actions. I would add that the unwed mothers were operating with limited power and resources, bargaining in whatever ways they could to gain what they needed for themselves and their children. At no time was it a struggle between equals.

For the unwed or destitute mother in any decade of American history, the decision to raise or relinquish a child has been strongly shaped by the prevailing social policy. Periods of extraordinary virulence have alternated with periods in which concern for the mother

and the child have stimulated public or private charity. At all times, out-of-wedlock pregnancy has been seen as a threat to the "American family" and has raised fears of widespread family degeneration. Punishment has alternated with compassion or been combined with grudging aid.

Institutional treatment or outdoor relief gave way to evangelical missions based on a theory of maternal redemption. This, in turn, gave way to rehabilitation and relinquishment, which offered a way to bring uncontrolled sexuality back into the context of family by seeing the unwed mother as a breeder for infertile couples who could then form the culturally ideal family. The unwed mother, once rehabilitated, was given rebirth. With her shameful past kept a secret, she could go back to the marriage market and "have a family of her own."

What is striking about all of these approaches is the consistency with which unwed mothers are used as a scapegoat for society's problems, and the ways in which their fertility is seen as a boon to infertile couples and a threat to the idealized norm of nuclear, patriarchal family. Choices about their children have been severely limited by social attitudes and pressures.

In the next chapters, we examine how contraception, abortion, American-style adoption, and cultural constructions of motherhood have affected out-of-wedlock pregnancy.

CHAPTER 3
MOTHERHOOD OR NOT?

In chapter one, this study of mothers who relinquish a child to adoption was set in the larger context of motherhood and family. We established that birth is a life-changing, life crisis event in all human societies. Because of the individual and group significance of birth, this event is culturally patterned. Normative pregnancy follows stages similar to other rites of passage. Socially unapproved pregnancies, however, may not follow the same patterns. The introductory pages also set this study into the current debate about single mothers and family values.

A review of the research literature on unwed mothers shows few definitive results. Studies that examine the outcome of mothers keeping the child born out of wedlock versus the results of relinquishing the child are not comparable in methodology or purpose. No American studies look at life histories of mothers to see how mothers in both categories fare over the life course; most research focuses on short-term analysis.

In chapter two, social attitudes towards out-of-wedlock pregnancy and treatment of unwed mothers are examined in historical context. In the past two hundred years, the "scripts" for unwed mothers have changed according to economic and political trends. What has remained consistent is the social stigma and the tendency to blame unwed mothers for many or all other social problems. Treatment changed from redemptive motherhood to reformative relinquishment, from the idea that women could redeem

themselves for their sexual sins through motherhood, to the idea that redemption lay in giving up their children to better parents.

In this chapter, we look at social constructions of motherhood and women's sexuality in terms of women's fertility control, including the political strands that influence family planning, contraception and abortion. In the fourth chapter, we briefly examine the American system of adoption. These chapters, one to four, provide the cultural context for discussion of the transformations of motherhood observed and reported in the life histories of women who have relinquished a child to adoption.

Overview of Fertility Control

Fertility control requires a balancing act among the interests of the state, the interests of the family, and the interests of individuals who are members of both a family and a state. In this discussion "the state" is the United States.

Policy on fertility has been shaped by gender and class interests, including feminism, male patriarchal pressures, and racism. It has been shaped by the economy, particularly by the changing needs for labor and by the costs and benefits of raising children. Social policy on fertility has been affected by the sexual revolution and sexually transmitted diseases. Policy has been influenced by the medical and health professions and the push and pull of personal versus "public" control of fertility. Changing technologies for contraception have also influenced family policy and sexual practice. In addition, fertility control has been shaped by concerns for the environment and the risks of overpopulation. Public and private concerns have taken the fore in

alternating fashion in a struggle that might also be seen as a struggle between the powerful and the less powerful for control of reproduction.

Fertility policy, if it can be said to exist in the United States, is fluid, responding to personal and political interests which are often at odds with each other and prevent any consensus about the issues involved. What are the issues and what is the nature of the dialectical struggles that push and pull us from one policy stance to another and then back again?

Balance of Interests

One of the most succinct statements about the political significance of reproductive events comes from W. Penn Handwerker:

> The birth of a child is a political event. So is its absence, for any or all of the events that comprise human reproduction may be part of a strategy to acquire or extend power, may create new ties of dependence or may provide a means to break ties of dependence. [Handwerker 1990:1]

Governments, Handwerker continues, try to regulate reproduction because the "continuous production of new generations provides resources that governments may use, but it also provides a population that must be fed, clothed and housed" (1990:1). Also, different sectors of the population may grow at different rates, shifting the power blocks within a society. These population blocks inevitably have their own agendas on fertility and reproduction, as well as other matters. Fertility control, then, is far more than a personal, biological concern; governments always have an interest in reproductive matters.

However, the personal and biological and very private nature of sexual matters is also a source of conflict. How much of a "right" do governments have to intervene or even to know about the private lives of

individuals in society? How much interest should the state be allowed to have in family formation and the way that families live? The questions and the conflicts rise and ebb according to the larger context. Industrialization, wars, technological changes--all of these and more--influence how much or how little the state intervenes in human fertility.

Anthropology and Fertility Control

Anthropology, with its comparative approach, its insistence on investigations at the personal as well as the public level, its holistic approach to the interactions and intersections of power blocks, provides tools for researchers and policy makers to understand the issues and implications of fertility policy. No other discipline moves so readily from one realm to the other and is so willing to integrate these into a comprehensive overview. Nonetheless, the issues pertaining to human reproduction are volatile and passionately felt. As can be seen in the continuing conflict about abortion, fertility issues are not resolvable by strictly rational or "objective" debate.

An anthropological approach can provide comparative knowledge of kinship systems and family forms and functions and it can provide a framework for looking at power politics in reproductive issues and the rights of the state versus the people. Anthropological knowledge can even provide some insights into the religious and spiritual domains related to reproduction. But anthropologists may not be capable of resolving the conflicts and contradictions of fertility control. The best contribution may be the understanding that social policy, like

social change is an ongoing process of negotiation among different interests.

Fertility Control in the United States

Since the publication of T. R. Malthus's *An Essay on the Principle of Population* in 1798, people have been aware that the reproductive potential of humankind could far exceed the natural resources available to support an expanding population. Malthus claimed that the natural tendency of plants and animals was to increase in a geometric ratio, but that subsistence could only increase in an arithmetic ratio (Campbell, 1992:16-17). Somehow, these differential increases had to be kept in balance. Fortunately (and unfortunately), disease, famine, and war provide some limits to population expansion. Most people, and most governments, believe that we can find better ways to keep populations in check. The "moral restraint" of Malthus's time and various other methods have been used and developed as a way to limit populations.

To control fertility is to control the increase in population, rather than to dispose of an already existent population. Inevitably, though, the questions of who controls what, in whom and when, arise. There is no politically neutral stance on fertility control. So, let us look at the family planning movement in the United States to begin tracing the issues and interest groups involved in fertility control.

The Family Planning Movement

In spite of the consciously selected asexual terminology of "family planning" instead of fertility control or birth control or sexual reproductive counseling, there is an inescapable linkage of sex

with "family planning." This linkage makes public discourse on these topics problematic. American culture carries such an ambivalence about sex, such a contradiction between Puritan ethics and the "*Playboy*" morality that we cripple ourselves with inaction even in the face of a crisis as fearsome as AIDS.

Young women are beginning their menses at a younger and younger age and even some pre-teenage young people are engaging in sexual intercourse. Yet many school systems are expressly forbidden to provide sex education in the schools; the only safeguard against pregnancy and sexually transmitted diseases that some teachers are allowed to discuss is abstinence. Parents are supposed to provide all the information their children need to know about sexual matters, yet many parents are not knowledgeable enough nor comfortable enough to provide essential information to young people, who may then rely on each other for information and misinformation.

Contradicting this strain of Puritanism (or fundamentalist pressure) is the bombardment from television, movies, and print media promoting and glorifying sexual activity. This Puritan/Playboy contradiction is one of the cultural contradictions that complicates every attempt to formulate family policy or control fertility in the United States.

Three groups--the family planning establishment, the feminist movement, and the "pro-family movement"--have long-standing interests in fertility control (Joffe 1986:15). Each would like to see its agenda expressed in the legalization (or not) of contraception and abortion, the government's role as provider of social services, the design of

health care services, and the public "management" of sexuality and morals.

The family planning establishment consists of the public and private institutions that provide family planning services in the United States, the most important of which includes Planned Parenthood Federation, National Family Planning and Reproductive Health Association, the Office of Population Research, and the Alan Guttmacher Institute (Joffe 1986:16-17). Members of this establishment do not always agree on specific goals or methods, but they all share the assumption that family planning resources should be available to the public.

Birth Control and Abortion prior to World War II

By 1900, abortion and birth control were both illegal in the United States. Even the publication and distribution of information about birth control was illegal. Prior to this, first-term abortion had widespread public acceptance, except among Catholics and some anti-abortion groups. A physicians' campaign spearheaded a movement, in the latter half of the nineteenth century, to control and criminalize abortion. This resulted in the widespread enactment of anti-abortion legislation (Ginsburg 1989:23-25).

Some feminists argue that these prohibitions came about in order to quell any feminist liberation efforts. That as long as men could keep "good" women ignorant of sexual matters and of ways to prevent conception (prostitutes needed to know these things for the welfare of the men), wives could be kept safely at home and not out in the streets challenging men's domination (Spender 1982, in essays about Margaret Sanger and Emma Goldman).

Others argue that the Roman Catholic Church, other groups arguing the immorality of birth control, and a strong current of pronatalism, were responsible for prohibitions against abortion and contraceptives (Joffe 1986:18). The pronatalist factor was concerned about a declining birth rate for citizens versus rising birth rates for immigrants: the birth rate fell from 7.04 children per white woman in 1800 to 3.56 in 1900 (Margolis 1984:30).

The "birth controllers" Emma Goldman and Margaret Sanger were most responsible for the movement to legalize contraception. Sanger, a nurse, had seen too many of her patients "destroyed by numerous and unwanted pregnancies," and killed by illegal abortions (Spender 1982:508). She believed that women had the right to know about their bodies and about contraception. Goldman, an anarchist, was fueled by her intense resistance to every form of oppression, including sexual oppression of women.

Eventually, in order to achieve their goals, those who wanted to legalize contraception dropped their anarchist allies and even formed an uneasy alliance with some in the eugenicist movement (Spender, Joffe, Back and others). Sanger's vision was to have a national fleet of clinics, accessible especially to poor women. Personnel in the clinics would teach techniques of fertility control and provide a safe place for women to discuss their sexual concerns (Joffe 1986:19). Sanger's focus on the poor fit in well with the eugenicists' motives; they, too, were concerned about limiting population among the immigrants and the poor. Thus the two groups could become allies, even though they did not share the same concern for improving the health and quality of life for women.

Sanger also was forced into an alliance with the medical profession which set the tone and form of all later family planning services. Sanger opened her first clinic in a poor neighborhood of Brooklyn in 1916. In 1918, the New York State Board of Appeals ruled that only licensed physicians (not nurses) could dispense birth control devices, and then only to control illness (Back 1989:161-162).

As in the medicalization of childbirth during this same period, it seems that each step forward for women in controlling their own lives, cost them one backward step in turning over that control to the medical profession. After the 1918 ruling, Sanger taught physicians about the pessary, and the clinics she continued to run were now organized in collaboration with local physicians. This meant a turning point in her previous campaigns for the right of lay people to dispense contraception on first amendment grounds (Joffe 1986:20). Birth control became something that doctors could offer their private patients and birth control could be carefully confined to married patients (even though they were healthy).

The schizophrenic nature of this medical control can be seen in the system of fertility control that evolved from the 1918 New York State ruling. Physicians garnered for themselves the economic profit and the power to decide who should receive contraceptives, but they worked against their own class interests by making contraceptives available to their clients and denying them to the poor who could not afford private physicians. The very populations that well-to-do whites wanted to limit, were now denied access to fertility control. Unmarried people were also denied services until a 1972 Supreme Court ruling that gained them the right to contraceptive services.

The alliance of family planning with the eugenicists has also been a mixed blessing for the birth control movement (then and now). Birth control efforts in Third World countries, among aboriginal populations, ethnic minorities, unwed mothers, the mentally deficient, (and always the poor) are justifiably vulnerable to charges of discrimination or even of genocide. The first clinics to open in the South in the 1930s were "frankly eugenicist in their appeals to southern public health administrators" (Joffe 1986:21).

The collaborative efforts, though, of Sanger's following, the physicians, and the eugenicists resulted in the founding of Planned Parenthood in 1942. The name was chosen carefully to take the focus away from women and from any hint of sexual freedom or women's liberation.

Post-World War II Fertility Control

After World War II, other social forces began to interact with the birth control movement. There was an increasing acceptance of sex outside of marriage and sex for pleasure rather than solely for procreation. The war itself, with the accompanying family separations and short-term liaisons between men and women, contributed to changes in sexual behavior, as did improvements in contraceptive devices. The Venereal Disease Control Act (1939) had already authorized Public Health Service involvement in contraception for venereal disease control, especially in armed services.

By the 1960s legitimization of clinics and of contraceptive usage increased. In 1960, Enovid, the first birth control pill was marketed (Back 1989:162). In 1965 the right of married persons to obtain contraception was established by the Supreme Court. In 1966 President Johnson, and in 1969 President Nixon, strongly endorsed the concept of

birth control. Nixon added the explicitly stated goal of providing adequate family planning services within the next five years "to all who want them but cannot afford them" (Joffe 1986:22). Congress then authorized Title X of the Public Health Act for the delivery of family planning services; these services were also authorized under other federally sponsored programs, including Medicaid and Title XX, the basic social services program.

The civil rights movement, President Johnson's "war on poverty," and urban riots called forth a reaction from many conservative whites who wanted to limit the growth of the black population. Again, the eugenicists found cause to support birth control, at least among certain populations and in certain poverty areas.

Significant social changes come about because of such convergences. The development of intrauterine devices and the birth control pill went hand in hand with the "sexual revolution" and joined these other social forces. In addition the "population crisis" emerged along with movements like Zero Population Growth. It is difficult if not impossible to claim a clear cause and effect sequence to these changes. However, the result for fertility control is that family planning services provided by government and by private institutions were now firmly entrenched in the American scene, as were public health clinics for the treatment of new epidemics of venereal disease.

The Feminist Movement and Fertility Control

Feminists have been ambivalent about the family planning movement. In the early, pre-suffrage era, feminists were concerned that men would use birth control to further escape their responsibilities in

procreation and domestic life. Feminists were concerned that women would suffer even more the commoditization of their bodies. As it was, many feminists saw that the male division of women into two groups--"good" women who were available as wives and "bad" women who were available as prostitutes--was not such a clear division. In either case, women were providing services to men, whether paid or unpaid, and the women were ultimately responsible for the "side-effects" of sex. Since sexual freedom for women and the freedom from too much childbirth might only result in more freedom for men and more oppression for women, feminists were divided on whether or not to support birth control (Joffe, Back, Spender and others).

Leaders of the feminist movement were preoccupied with suffrage. Conservative feminists feared sexual promiscuity; Progressive feminists were committed to "social housekeeping" efforts which might be hindered by the birth control movement; and other women were wary of the alliances with anarchists and eugenicists. As is true for later decades, too, feminists come in many different persuasions and on some issues cannot provide a united front for social change.

The contemporary feminist movement is not preoccupied with any one issue and it is reasonably safe to say that most feminists are in favor of choices regarding reproduction as well as career plans. Where they have diverged is in criticism of the delivery of family planning services, criticism of the racist overtones of population policies, and, over abortion.

To summarize to this point, the family planning movement expanded from 1900 to the present in spite of opposition from the Catholic Church, a less than ideal alliance between birth controllers and

eugenicists, and the fragmented support of feminists. The 1972 Supreme Court decision providing the right to contraceptives to unmarried persons and the landmark 1973 Roe versus Wade decision to legalize abortion brought fertility control and family planning the strongest legitimization yet in American life. These decisions also mobilized the "profamily movement" to its strongest position so far.

The Pro-family Movement

The pro-family movement is directly tied to the larger conservative movement known as the "New Right." It is a confederation of rather diverse smaller groups, some organized as single-issue groups, some existing only at local and regional groups, others at the national level. These groups include watchdog committees to monitor library books and sex education in the schools, anti-ERA groups, anti-gay groups, some white supremacist groups, and many anti-abortion groups. Joffe (1986:41) says that at the national level, the Right-to-Life movement has carefully maintained a separate base from the profamily movement.

The profamily movement gained strength during the 1970s and became a political force powerful enough to sway presidential elections. Presidents Reagan and Bush both used pro-family support to get into the White House and they were careful not to alienate this "silent majority."

The New Right platform includes a very selective anti-statism which is opposed to social welfare spending. Pressure from the Right has succeeded in diminishing welfare spending during several presidential periods. The New Right claims to want a return to "traditional" values. They strongly support the "natural" position of the man as undisputed

head of the family; they oppose sex outside of marriage (for women); and they support the "rights" of the fetus. The New Right further claims that homosexuals, unwed mothers, and any number of other New Right-defined social "misfits" are part of some master plan to destroy America.

Charles Murray provides academic support for at least some of the agenda of the New Right. As noted in Chapter 1, he proclaims that illegitimacy is the greatest problem facing American civilization and is at the root of racial tension, of crime, and of urban decay. The way to fight illegitimacy is to cut off all welfare spending.

A fundamental point of agreement within the New Right is that "parents should control the sexuality of their children and their overriding quarrel with contemporary family planning is that current policy permits teenagers to obtain contraception and abortion without parental consent or even knowledge" (Joffe 1986:46). One successful conservative attempt at policy making has achieved the funding of "chastity centers" under the Office of Adolescent Pregnancy. These centers are to promote sexual abstinence--and if it is too late for that, to promote adoption. They have also successfully lobbied for state Adoption Information Centers such as the one mandated recently by the Florida legislature and funded by the state. The New Right agenda also aims to prohibit pregnancy counselors in publicly-funded organizations from citing the option of abortion to clients.

The effectiveness of the anti-abortion groups in reducing family planning services should not be underestimated. The recent murders at Florida and Massachusetts abortion clinics provide a chilling example of the degree of coercion and terrorism that some activists are willing to

embrace. The level of violence has been escalating for the past decade, but harassment was already intense in the 1980s. In 1987 the Alan Guttmacher Institute published the results of a 1985 survey of United States abortion service providers. Of the 400 non-hospital abortion providers, 88 percent had experienced anti-abortion harassment in 1985; 29 percent had been invaded and vandalized, and 20 percent had had their telephones jammed by phony calls. Fifty-two percent had been forced to increase security costs, 32 percent had lost malpractice insurance, and 24 percent had lost fire and casualty insurance. Seventy-three percent of the clinics were targets of illegal activities of some kind. "In no other U. S. setting," said the authors of the report, "are health care workers likely to be threatened for providing services that are legal" (Hern 1992:128).

That was almost ten years ago. Now, many doctors are refusing to place themselves at risk and have stopped performing abortions. Some clinics have been closed down, and the clinic workers who persist must live with a constant level of anxiety. When police or government forces promise harsher action against illegal demonstrations or provide more protection, the radical and violent wing of the anti-abortion movement seems to respond by intensifying their efforts.

The preceding comments place some of the pushes and pulls of fertility control in context and identify some of the major players who want to see their agendas expressed in public policy. The establishment forces want to keep family planning as a medical service, under the control of medical professionals; the feminists see family planning as a political matter; and the profamily movement presents it primarily as a moral issue. This is not to say that any of the strands of family

planning can be simplified so easily; overt goals and assumptions are usually only one of many layers of complexity. However, such simplification provides a way to differentiate.

Next, we should look at the role that racism has played in fertility control in the United States.

Race and Fertility Control

In previous sections, I have indicated the alliance of the birth control movement with eugenics and have mentioned the placement of birth control clinics in poor, non-white residential areas as one example of racial overtones in the delivery of birth control services. An excellent documentation and analysis of racism in public policy (Solinger 1992), was one of the foundations for the earlier discussion of social policy and single pregnancy.

Solinger asserts that social policy and societal punishment for pre-marital sex was tailored quite differently for white women than for black women. What the mothers had in common was that both groups of women threatened the "sanctity of the family," and their uncontrolled sexuality threatened male control over reproduction; this control is exerted by retaining sanctions against any births outside of marriage.

The difference between the two groups is that white unwed mothers could provide babies for the burgeoning adoption industry. They could support "the family" in two ways--first by enabling infertile married couples to achieve the post-war American ideal of family, and secondly by undergoing redemption and rehabilitation that would enable them to retrieve their eligibility for marriage and produce "their own" family later.

Social planners believed that a black unwed mother's child would not be in demand for adoption and might need public assistance. Her pregnancy aroused anger and racism (and the always-present white fear of black sexuality). Her pregnancy was ignored by service providers (maternity homes did not accept blacks and less than 10 percent of adoptions were non-white) and she was left to the resources of her family and community. Her pregnancy could be cause for increased harassment by welfare representatives and targeted for attack by public officials. The notion of black family pathology emerged strongly during this period.

> In the mother-blaming mode of the postwar decades, many analysts identified the black single mother's alleged hypersexuality and immorality, her resulting children, and the public expense as traceable to the source: the Negro woman who gave birth, as it were, to black America, with all its "defects". [Solinger 1992:27]

In short, the state's response was to view single women as either socially productive or socially unproductive breeders.

Even though Public Assistance Report No. 41, 1960 (Note 38, Solinger 1992:238) indicates that the non-white population was supporting and caring for as many as 1.2 million illegitimate children without public assistance funds, the stereotype remained that all single black women were supported by taxpayers.

White women were considered to be productive breeders because the normative family required children and one in ten marriages were involuntarily childless (Solinger 1992:154). In 1960, a government report claimed that in some communities there were ten suitable applicants for every white infant available for adoption. The vast majority of social services providers, including officials of the United States Children's Bureau, the leadership of the Salvation Army, Florence

Crittenton Association of America, and Catholic Charities, psychologists, psychiatrists, and clergy were largely in agreement that white unmarried mothers must put their babies up for adoption (Solinger 1992:26).

> Nonmarital childbearing was treated as the most profound violation of postwar population goals. These goals constituted a midcentury variant of traditional eugenics: vitalize the white, middle-class family and, at the same time, curb childbearing among minorities. [1992:26]

Public policies were schizophrenic. In their aim to regulate black fertility, the same states that threatened women on welfare with jail sentences and threatened unwed mothers with eviction from their homes, also forbid the provision of contraceptives. In Chicago, for example, social workers in the Department of Public Welfare were forbidden to refer their clients to Planned Parenthood clinics. And the director of the Cook County Hospital (where about 5,000 illegitimate babies were born each year in the early 1960s) justified the absence of a birth control clinic in the hospital on the grounds that the doctors were too busy to provide the necessary education in contraception (Solinger 1992:54).

During this same period, no one was threatening unwed fathers with anything. It was common, in fact, for white unwed mothers to be forced to sign a paper saying that they did not know who the father of their child was, in order to expedite the adoption process (Edwards's research, Solinger, and others).

There seems to be a cyclical return of fears in the United States about the possibility of minority population births eclipsing white fertility rates. With the 1940s these fears took on added power because it was the first time that public money had been available for the

support of unwed mothers and at that time the illegitimate birth rate was much higher for black women. In the 1960s these fears took the form of a resurgence of interest in sterilization as a form of fertility control, as well as the threats of jail and other sanctions. North Carolina State Senator Luther Hamilton, for example, argued the case for sterilization on moral grounds in addition to the potential savings to the state in welfare payments. "We are," he said, "breeding a race of bastards" (Solinger 1992:55).

In the 1990s, these fears are expressed most politely as "the browning if America" and the demographic forecasters predict a future in which whites are the minority population in the United States.

In summary, fertility control in the United States exhibits the political struggles that are congruent with the rest of our society. Race, class, and gender inequalities shape family policy and fertility control as surely as they shape any other aspect of our culture.

In the next chapter, we see that inequalities are also inherent in the American system of adoption. These inequalities have set off a grass-roots movement for reunification and reform, which is opposed by those who gain from the current system of adoption. Birthmothers and adoptees have led the reunification and reform movement.

CHAPTER 4
AMERICAN ADOPTION

Adoption Becomes the Solution

Many of the factors discussed in earlier chapters went hand in hand to spur a dramatic increase in adoptions in the United States after World War II.

Cultural restraints and disapproval of adoption diminished to a negligible factor. The profit potential in arranging adoptions was becoming very apparent to private and state agencies as well as to lawyers and doctors (the other individuals most frequently involved in arranging adoptions). Fees charged to adoptive parents could pay agency expenses and more; profits to lawyers and doctors made informal partnerships in adoption very attractive. Since young pregnant single women usually had no money to pay for services and, if they kept their babies, might end up in poverty and possibly on welfare, there was an economic incentive for professionals to promote adoption. This incentive could overcome any moral preference for "redemptive motherhood" that remained. For institutions sheltering unwed mothers, an immediate post-partum relinquishment saved expenses, earned adoption fees and allowed them to release the mother as soon as she signed a relinquishment.

The continuing stigma of illegitimacy, an increase in pre-marital sex, a possibe decrease in forced marriages, and lack of access to effective contraceptives or abortions were other factors that spurred the increase in adoption.

In the post-war period, infertile couples could achieve the "ideal" family by adopting, and single, unmarried white women could render their sexual transgressions invisible by relinquishing their babies to married couples.

By the 1960s, virtually all single, pregnant white women regardless of age or circumstance were counseled and coerced into relinquishing their babies to adoption (Aigner, Solinger, Kunzel, and others). This trend on the part of social workers and social service providers was growing even by the 1940s, and the combination of cultural changes discussed earlier converged to make adoption the only option offered to unwed mothers for several decades. The women in the study presented here were pregnant and relinquished in those decades--the 1940s to the 1970s.

No Follow-Up Studies on Adoption

At first there were no follow-up studies of adoption placements that would enable anyone to know whether the new policies favoring adoption were well-advised or not. The first studies focused on adult adoptees. In 1954, Jean Paton, an adoptee and a social worker, published a collection of life histories called *The Adopted Break Silence*. Their stories made it poignantly clear that they felt something was missing in their lives and that they shared a lifelong sense of bereavement and the feeling of "not belonging." This book was ignored (Paton says actively suppressed) by the social work profession.

The next follow-up studies, *How They Fared in Adoption* (Jaffee and Fanshel, 1970) and *The Adoption Triangle* (Sorosky, Baran, and Pannor, 1978) also indicated serious problems in the adoption system. They, too,

were ignored as far as adoption policy and law were concerned. By the 1970s agencies and private intermediaries were doing 175,000 adoptions a year. Approximately 90,000 of these were stranger adoptions rather than step-parent or kin-related adoptions (National Committee for Adoption *Factbook II*, 1989). These numbers were up from 40,00 to 60,000 adoptions annually in the two previous decades.

Adoption Business Expands

The business side of adoption was expanding at an unprecedented rate. By the early 1960s the stage was set for a surge of commercialism in adoption as entrepreneurs began to realize the potential for profit and as the demand for infants continued to increase. Commoditization of babies was not new, but the expanded market and decreasing regulations increased the risk of illegal and unethical practices in procuring and placing babies. Georgia Tann, the now-infamous 1940s baby seller from the Tennessee Children's Home Society, is one example of an entrepreneur who early saw the commercial potential in adoptions. She "placed" at least 5,000 children that she had swindled or stolen from natural parents and she made more than a million dollars (in 1940s currency). Her clients were the well-to-do and the famous, including Hollywood stars like Joan Crawford and June Allyson (*Good Housekeeping*, March, 1991). Tann had set up a network that included social workers, a judge, lawyers, and other influential people.

Why baby-selling and commercialism can thrive in adoption will be more clear after further examination of the American system of adoption. This examination also helps readers to understand why adoption has negatively affected the women in this study.

Cultural Context and Shaping of Adoption

American adoption embodies contradictions that call for extraordinary adaptations on the part of the relinquishing parents, the adopted person, and the adoptive parents.

Definition of Adoption and Brief History

The legal definition of adoption in the United States is "the termination of rights and duties between the child and its natural parents and the substitution of an equivalent status between the child and its adoptive parents" (Sloan 1988:36-37). A typical adoption decree contains some form of the "as if born to" statement. Rillera (1981:81) provides a sample adoption decree: "It is hereby adjudged and decreed that from and after the date hereof, said child, (name of child), shall be deemed and taken to be the child and heir of the petitioners above named in all respects the same as though born to them in lawful wedlock."

Most adoption law is state regulated and it varies from state to state. At the time of the American Revolution, British Common Law, under which the colonies were guided, made no specific provisions for adoption. For many decades after the Revolution, United States laws also omitted adoption, although if adopters wished, they could draw up legal agreements, much the same as would be used for the conveyance of real estate or some other commercial transaction (Aigner 1992:7).

The earliest American laws pertaining to adoption were established in Alabama in 1850 in order to provide children the right to inherit from adopted parents. In 1851, Massachusetts enacted an adoption statute in which the primary focus was on the interests of the child, laying the

foundation for similar adoption laws in other states. The intent was to establish adoptive homes for children who would otherwise be homeless. The statutory regulations, rather than informal arrangements, were intended to ensure that an adopted child would have all the privileges, rights, and responsibilities of a natural child within the family. By 1929, every state in the Union had some statutory provision for adoption (Aigner 1992:7).

The form and context of adoption changes from one time period and one place to another, as can be seen even in these introductory statements. Adoption is affected by class, race, and gender inequalities, by property and inheritance laws, by social prejudice and discrimination against the illegitimate and their parents, and by economic concerns of the state. Thus adoption law, policy and practice are shaped in much the same way as we have seen for family policy, fertility control, or treatment of unwed mothers.

Fictive Kinship and American Adoption

American adoption is based on the "as if" fiction that is part of the legal construct mentioned above. Whether infant or older, the child is transferred from the biological, natural family to the adoptive family. From that moment, legally and in all other respects, the child is to become "as if born to" the adoptive parents. The natural family becomes invisible; legally they disappear. The biological kinship ties are no longer recognized and the natural family has no place in the new configuration of adoptive kinship.

This underlying principle of American adoption contradicts universally held notions of kinship. Most individuals in families around the world, assume that consanguineal kinship is the immutable basis for

all other relationships. If adoption occurs, a new social mother and father may be added and the adopted family may join another extended family, but the original family is not "erased" from the record. You cannot subtract or eliminate the family into which you were born. [See summary of cross-cultural ideas of kinship in Edwards 1991.]

The basic premise that has provided the foundation of anthropological studies in kinship as well as folk models of kinship is set out by Schneider in a 1987 article, "Blood is Thicker than Water: The Fundamental Assumption in the Study of Kinship." The premise is this:

> Kinship bonds are compelling and stronger than, and take priority over, other kinds of bonds; the bonds are in principle unquestioned and unquestionable; they are states of being, not of doing, or performance. . . . Kinship is a strong solidarity bond which is largely innate, a quality of human nature, biologically determined, however much social or cultural overlay may also be present. . . .[1987:339]

Neither Schneider nor others think that this premise should remain unexamined or untested, but it is a succinct statement of widespread belief about kinship.

In discussing the nature of kinship, Schneider goes on to say that "If the blood relationship is presumed to have inherent qualities of its own which are intrinsic and so strong,

> then adoption ought not to be possible, or at most it should be unusual and rarely practised. For adoption creates "kinship" where none in fact exists, that is, no real blood relationship exists. Hence there ought to be a clear cultural distinction between true kinship and all other kinds of relationship.
>
> This is in fact the preponderant view. . . . Anthropologists have consistently treated adoption as something quite different from true kinship. For Maine, adoption was the first legal fiction. As such it allowed families to add new members by means other than birth. But there is no question that it is different from true kinship, blood-relationship. [1987:347]

Of course, adoption is not rare and some form of adoption exists in most societies. However, there is usually no attempt to replace

natural kinship with adoptive kinship. There is no fiction created that demands the negation, the virtual disappearance of biological kinship. In the United States, even a 12-year old who has known her natural family all her life, is expected to forget her natural family. The legal record of their existence is erased when the state issues a new birth certificate which claims that the adoptive mother gave birth to her.

The radical nature of this attempt to eliminate the biological ties in American adoption can be seen readily by providing even one scenario. Imagine that an adopted man meets and decides to marry his biological sister. He may or may not know that this is his genetic sister, but regardless, there is no legal sanction against this marriage. Whereas should the same man decide to marry his adoptive sister who is not related to him by blood, that marriage would be prohibited. Further, there is nothing to prevent a marriage between a reunited natural mother and adopted-out son or a daughter and her natural, but legally unacknowledged father. Since adoption officially negates the biological relationship, marriage between close relatives is legally acceptable. And, given the closed records of adoption which prevent identification of the natural family, and the great number of people who are adopted, such marriages may occur much more often than we realize. A few have been reported in the newspapers over the years.

Secrecy Dominates American Adoption

A set of laws and customs flows from the "as if born to" principle that reverberate throughout the lives of all who are affected by adoption. Adoption is not a one-time event that is solemnized in the courtroom when the adoptive parents receive a decree of adoption. Rather, adoption is a lifelong process for the natural family, the

adopted person, and the adoptive family. Fictive kinship that is not added on to biological kinship but is meant to substitute for natural ties requires continual, conscious "work" for the participants, as is evident in their conversations and in their life stories.

One of the adoption laws that requires the most work either to live with or to overcome is the law of secrecy, the sealed records that accompany formal adoption proceedings.

The Sealed Record

Starting in the 1920s, states began to seal adoption records. This was ostensibly done to protect children from the stigma of illegitimacy, birth mothers from the shame of their unwed motherhood, and adoptive parents from the potentially disruptive actions of birth families who might come looking for their adopted-out children.

Adoption records are now sealed completely in all but two states; these two holdouts, Kansas and Alaska, still allow adult adoptees to retrieve a copy of their original birth certificates. In other states, all evidence of natural family ties are completely and permanently closed off from the public and from the individuals involved. Other records, such as home study reports of adoptive parents, the social work narratives for the relinquishing mothers, the medical records of both families, and most certainly names and any other identifying information are sealed when the final adoption decree is filed in court.

Many people assume that when an adopted person reaches adulthood that this information can be revealed to him or her and that adult adoptees may meet their birth families should they wish to do so. This is not true. No one can walk into the courthouse or the agency or the

lawyer's office and be handed the information that he or she wants or needs. The records are sealed permanently.

In rare cases, a judge may agree, upon petition, to open the records and provide selected information to the adopted person or the adoptive parents. This is up to the discretion of individual judges in each district and is, of course, influenced by state law. Agencies may release some non-identifying information about health history or ethnic background, or possibly the reason noted in the record for the natural mother's relinquishment. The operative word here is "may." All of these discretionary actions on the part of strangers are out of the control of the persons most personally affected by the adoption. A twenty-five year old clerk in a Vital Statistics office can pull up the record of a ninety year old man who wants to know the name of his birth mother. The clerk can read the name and than tell the man that he has no right to the facts of his birth.

One complaint about the sealed records by adopted persons is that they are never allowed to grow up. Regardless of whether adoptees are 20 or 40 or 80, they are not considered an adult by the court for the purposes of gaining information. They must get permission from their adoptive parents or from a judge. Other people decide for an adoptee whether he is mature enough, healthy enough, medically needy enough or whatever other criteria may exist, to learn who he is and why he was given up for adoption. In some cases, the adopted person must have permission from both the legal parents and the birth parents in order to request information. This logic is preposterous considering that the adopted person usually does not need to request information if he or she

already knows the name of the birth family. It is equally preposterous in that, by law, the birth family does not exist.

In order to offset the pressure for information by adoptees, birthmothers and a few adoptive parents, some states have set up reunion registries. These are usually "passive" registries, which means that no attempt will be made to contact either searching party unless all people are registered. Frequently "all people" is defined as both adoptive parents, the adult adoptee, and both birth parents. Adoptees are rarely comfortable telling their adoptive parents that they want information and even less comfortable asking them to sign the registry. In addition, if one of the necessary registrants has died, the reunion can be prevented.

Ironically, even people who have been able to surmount the odds and find each other can go into one or the other of these records offices and request information after the fact. Even in these cases, the request for opening the records is refused, even though there is no longer anyone to protect by keeping the information sealed. However, as people in reunion discover the extent of the duplicity, the outright lies, and the unethical procedures that have been part of so many adoptions, it is becoming obvious that the adoption intermediaries are the ones who need protection and want to cover their earlier actions. Closed records make it very easy to get away with inhumane and illegal adoption practices. This brings us back to commercialism in American adoption.

Secrecy Provides Cover for Baby Selling

From at least 1926, black-market baby selling has been known and condemned. Authors Aigner (1992), Riben (1988), Baker (1978), and others

have written well-documented accounts of widespread buying and selling of babies, from local and regional operations to international adoption rings.

> Regardless, for more than 50 years the trade has continued unabated. To list but a few examples of the market's operation, as early as May 1926, an Associated Press dispatch out of Peoria, Illinois told of a "baby farm" whose contact persons telephoned childless couples offering, for a price, delivery of infants within hours. In September 1950, Tennessee Governor Gordon Browning disclosed to the press that the Memphis branch of the state's Children's Home Society was under investigation for purportedly making baby sales in excess of one million dollars [the Georgia Tann case]. . . . In August, 1981, *The New York Times* reported the existence in Latin America of "a million dollar international ring in which hundreds of poor Andean children were kidnapped or bought from their mothers and sold under forged birth certificates and adoption papers to childless couples outside the country. . . . Over the course of more than five decades the asking price reported for a newborn child has risen dramatically. In the 1930s costs reportedly hovered around 200. But on February 4, 1973, the . . . San Francisco Sunday Examiner & Chronicle contended that some 4000 infants were being sold annually throughout the United States for up to $25,000 each. [Aigner 1992: 32]

My own newspaper clipping files from the 1980s and 1990s contain numerous reports of black market activities, with the current selling price ranging from $25,000 to $100,000 or more. Although there is no moral ambiguity in these cases, and plentiful evidence of wrong-doing has been gathered, both state and federal legislators seem unable to provide legislation that will lead to arrest or punishment for baby brokers. Perhaps the most glaring example of this failure of law was with the investigations of Senators Estes Kefauver (D-Tennessee) and Thomas Dodd (D-Connecticut). They attempted to send through Congress a measure creating criminal sanctions against the commercialized interstate placement of children in July of 1956.

The proposed legislation provided for a fine of up to $10,000, or imprisonment for up to five years, or both, for adoptive placement of children across state lines for profit. Licensed or authorized child-

care and adoption agencies were exempt. The evidence Kefauver presented to his colleagues in support of this measure summarized the findings of 15 months of intensive investigation into baby black marketing throughout the country. This is part of Kefauver's testimony.

> The result of the overall investigation was to establish the existence of a large-scale interstate commercial traffic in children being placed for adoption, in which it is estimated that more than $15 million passes hands each year. . . .
>
> Approximately 90,000 adoptions occur each year in the United States, of which about 25,000 are arranged by unauthorized persons without the benefit of proper safeguards. Many of these 25,000 children are placed across state lines for sums of money varying from $1,000 to $10,000." [Aigner 1992:35]

Florida was one of the focal points of the investigation because of one or several large baby marketing rings that operated between Miami and New York [and continue to operate with slight changes of personnel]. Even though Florida has had legislation on the books since 1947 that prohibits the transportation of pregnant women or infants across state lines for the purpose of adoption, there is a loophole that lawyers regularly pass infants through.

At least five of the birthmothers in my study and one adoptive parent were unknowingly involved in Florida gray or black-market transactions.

Getting around the limit on profit-making is even easier. Lawyers file a simple form requesting more money and they get it. [Interview with adoptive parent and attorney, David Parker, December 1991]

Senators Kefauver and Dodd never succeeded in getting legislation through the House of Representatives. The 15 months of investigation came to nothing and baby brokers throughout the country continue to operate unhindered. What laws exist to regulate black market activities

have never resulted in imprisonment; the "loopholes" might be better described as open prairie.

My research does not focus on black market activities, but I include these points because so many of the women in support groups and in this study report illegal practices and they are ignored. People generally do not credit birth mothers with telling the truth and prefer to believe that they are exaggerating or outright lying. Yet ample evidence exists from investigative reporting and media articles, from reports such as that from Kefauver and Dodd, and even from social workers, to support statements from birth mothers that they were coerced and that, in some cases, their babies were literally stolen from them.

The black market baby trade is one aspect of the disturbing trend towards decreased regulations for adoption arrangers and increased profitability. In the United States, people do buy babies. Here, and in other parts of this paper, I am speaking primarily of infant adoption, not the adoption of older children. The adoption of older, so-called "hard-to-place" children is not profitable; the two strands of adoption have very little in common. Almost all of the children who were relinquished by the women in this study were newborn infants.

Since adoption reform has been so difficult to achieve and those affected by adoption have not been heard, a grass-roots reaction has been set in motion.

Search, Support, and Adoption Reform Activities

The response of adoption-affected people to the pain and indignity of the sealed record has been the emergence of a grass-roots search and reunification movement. This movement has expanded to include an

adoption reform arm with thousands of members in several national and regional organizations and innumerable local branches or individual support groups.

Records were sealed in most states by 1947 and the adoption reform movement began in the 1950s. It has grown steadily and quickly since then, but until the recent spate of radio and television and print stories about reunions, or about contested custody cases, the movement has not been highly visible. It could be described as an underground, grass-roots movement that began as a support system for adoption-affected people, then as adopted persons and birthparents succeeded in finding each other, some groups began to provide search help. The search and reunification movement then expanded into adoption reform as people gained strength through their search experiences and through the support of others who shared their emotions and needs.

The adoption reform movement is also known by its participants as the open records movement or just "the movement." The movement began with a few strong voices like that of Jean Paton, who founded the Life History Study Center in 1953 and changed the name to Orphan Voyage in 1963. Florence Fisher, another adoptee who spent years searching for her natural parents founded Adoptees' Liberty Movement Association (ALMA) in 1971. ParentFinders in Vancouver, British Columbia started in 1974 and the Alberta group began in 1976. Several birth mothers in the Boston area started Concerned United Birthparents (CUB) in 1976. These groups grew quickly in membership and branched out to locations across the United States and Canada.

In the 1970s, two international reunion registries were also started: International Soundex Reunion Registry with a home base in

Nevada (1975) and Jigsaw International in Australia (1976). After this, countless, more localized groups started. Some 200 are listed on the back of one newsletter alone. The American Adoption Congress was formed in 1976 (some of their literature says 1978) as an umbrella organization with an emphasis on adoption reform at the legislative level. In 1990, another umbrella organization, the Council for Equal Rights in Adoption (CERA) was formed, with its home base in New York City. CERA is "dedicated to the preservation and reunification of families." Both umbrella organizations have a membership that includes social workers, therapists, and agencies or individuals who arrange adoptions, as well as triad members. Both have a strong educational component and hope to gain support for adoption reform by educating people who provide services to the adoption population. They also promote change at grass-roots and national levels and hold annual national and regional conferences.

Relationship to Civil Rights Movement

The civil rights movement for blacks, women, gays, and other oppressed or stigmatized groups have not been directly attributed in the formation of the adoption reform movement, but the atmosphere of liberation and equality must certainly have had an indirect influence. There are also numerous similarities in names, methods, and demands. Adoptees Liberty Movement, the Council for Equal Rights in Adoption or American Adoption Congress is reminiscent of the Congress of Racial Equality and ERA, the Equal Rights Amendment movement. The terms "coming out of the closet" are used by both homosexuals who admit their status and birthmothers who admit theirs.

The first march on Washington, "Honesty and Equality in Adoption Laws" or HEAL, was organized in 1989 and has been held every spring since then. Reform groups have organized state level "Open My Records" days and demonstrations in front of offices of Vital Statistics. Birthmother support groups have organized candlelight vigils on the night before Mother's Day to call attention to the invisible mothers in adoption. Jean Paton of Orphan Voyage has suggested a coordinated effort to build a national memorial for those who died before they were reunited. ALMA and Orphan Voyage have a network of search helpers who can provide shelter or records searches; this network is reminiscent of the underground railroad for slaves escaping to freedom.

The reform movement brought together people who had quietly endured the stigma and losses of adoption and had remained isolated from others who shared their experiences. Together and singly, they began to question the system itself, rather than accepting the previous judgments of social workers and others who claimed that their dissatisfactions with adoption were evidence of individual pathology, rather than indications of a need for change in adoption practices.

Catalysts for Reform

A large part of the impetus for reform has come from the discoveries of reunited people. Many are appalled and outraged at how much deception and illegality has been covered over by the secrecy of adoption. As people are reunited and adoptive families and birth families hear each other's stories, it is very clear that a great deal of adoption is in urgent need of reform. Abuses to individuals and to classes of individuals are rampant; birthparents have certainly been

coerced, adoptive parents have been deceived and humiliated, adoptees have been abused by their families and discriminated against by government agencies and social services professionals. Such widespread betrayal of trust is shocking; the unnecessary separations and ensuing pain, intolerable.

Another impetus for reform has come from the discovery that reunions between birth relatives are healing. Birth parents and their children have been able to relieve longstanding anxiety and pain, and adoptive parents need no longer suffer from anxiety about the unknown heritage of their children. An additional benefit for adoptive parents who helped their children to search is that children and parents report a much closer relationship. Walls that existed between them because of fear were no longer there. No one died from being reunited with lost kin.

What is undeniably consistent about reunion is that people report feeling more healed, less "wounded," less lost, more grounded, less depressed, and more capable. For many people in the adoption population, taking control over one's life is an important issue. Most feel that major life decisions were made for them by others, either without their consent or beyond their control.

For adoptive parents, fertility is another issue. This has frequently been compounded by the humiliation of having to come under the scrutiny of a social worker who evaluates their fitness to parent. Adopted people were transferred without their knowledge or consent and then are expected to live by a "contract" that they have not signed. Birth mothers endured the original shame and the lack of resources that

resulted in loss of their child--a situation they felt they had little control over.

By insisting on the right to information and then having the strength and competency to carry through a search in spite of great difficulties, people gain not only lost relatives, but their self-esteem. Many report feeling much more peaceful now that the missing pieces in their lives are found and they no longer have to live with the anxiety of not knowing. [Foregoing statements based on 15 years participation in the search and reunification movement, personal research, and a number of publications.]

What then, are the social planners so afraid of that they had to seal the records? If no one died from finding each other (although many died without finding each other); if the illegitimate themselves are not dismayed by the discovery of their illegitimacy; if the mothers themselves do not want to be protected from their children or renewed shame; and if adoptive parents could improve the quality of their adoptive relationships through openness and mutual support, why has there been no wholesale revamping of adoption law? Why not institute something more humane and less discriminatory?

One answer to that may be the sense in which children are treated like property in American culture. Shared parenthood, even with extended families, is not the prevailing custom. On a recent talk show about adoption, a member of the audience who had a British accent stood up and addressed the adoptive parents on the panel. "Why wouldn't foster care or guardianship be the answer [to their search for another child]?" The immediate response was, "We want children of our own." There is a strong element of exclusive ownership in the American style of parenting.

Another answer to the question of why adoption laws have not been revamped most surely lies in the profit motive. The system we have encourages private entrepreneurship. People are free to advertise adoption services and free to advertise for babies. The high demand for certain kinds of newborns means that adopters are willing to pay high prices for people who can find and deliver a child. In addition to profits at that stage, a whole new potential for profits has emerged for professional searchers who regularly charge $2,000 to $3,000 to help with a search. Other profitable enterprises include therapy for those suffering from the effects of adoption and agency fees to provide some non-identifying information to the individuals that they separated years before. And of course lawyers earn another fees if they help file a petition to the court to open records. Most courts will no longer allow an individual to file on his or her own behalf. Searchers are told that they must petition through a lawyer.

Response to the Adoption Reform Movement

In spite of the evidence that some adopted persons and birth families want and need to know each other and regardless of the valid human rights questions that are raised by the sealed records laws, nothing substantial has been done to ameliorate the conditions. Some states did respond by setting up registries. A few registries are active and the staff or volunteers will make some effort to contact the searched-for person, but most are passive ones with the restrictions mentioned in the earlier part of the chapter. These are often meant to quell criticism of sealed records rather than to encourage reunification

(Interview with a state reunion registry director, 1991, and assessments of reform movement participants).

Access Further Restricted

The biggest reaction to the thousands of polite but firm demands for information has been for agencies and government offices to restrict access even more. Vital statistics records that were public information a decade ago are now highly restricted. Marriage and divorce records are harder to get; schools no longer give out information about their present or previous students; agencies are permitting less non-identifying information to go out, and the definitions of "non-identifying" are narrowed.

As pressure from the reform movement increases and proponents of closed records and infant adoption retaliate, the searchers become more aware of the politics of adoption. Anyone who undertakes a search becomes politicized. If adoption was previously seen by them as a benign institution, that belief is quickly eroded by the anger and frustration of a search.

Open Adoption Not an Answer to Call for Reform

Some agencies and intermediaries offer what is known as open adoption. In some ways this has been a response to the open records movement, but more importantly, this has been a response to the smaller supply of babies available for adoption. One of the inducements to get young pregnant women to relinquish a child is to offer them a certain degree of openness in the adoption placement and an opportunity to choose who will adopt. Arrangements may be made (usually by intermediaries but sometimes face to face) to exchange letters, photos, or even allow visiting rights to the natural parents. However, the laws

remain restrictive; records are sealed and identities remain secret. Any arrangements for openness cannot be guaranteed by law. If either party wants to renege on the agreement, there is no legal recourse.

The larger response to the adoption reform movement has been a backlash movement headed by groups like the National Council for Adoption which is a lobby group whose members are adoption agencies and adoption intermediaries. They are joined by adoptive parents groups such as Adoptive Families of America and the newly formed League of Adoptive Mother's and Babies, and legal associations such as the American Academy of Adoption Attorneys. Their goal is to promote adoption, facilitate relinquishments and adoptions, and to prevent custody struggles such as that between the DeBoer's and the Schmidts over "Baby Jessica" who is now Anna Schmidt. One faction of this backlash was formed specifically from groups who supported the pre-adoptive parents in this case, and they have already presented legislation in some states. The proposed Uniform Adoption Act illustrates the goals of the backlash.

Uniform Adoption Act

A few years ago, at the request of the National Council for Adoption (formerly National Committee for Adoption), the National Conference of Commissioners on Uniform State Laws (NCCUSL) set up a committee to draft a uniform adoption law. NCCUSL has drafted a number of uniform acts in areas that are not controlled by federal law but where uniformity between the states may be desirable. NCCUSL has been in existence for over 100 years and is made up of lawyers, each of whom is appointed by his or her state of jurisdiction. In some states appointment is by the governor, in others by the state legislature. NCCUSL is funded by state money, the American Bar Association and

donations. NCCUSL is tremendously influential and has drafted Uniform Acts such as the Uniform Child Custody Jurisdiction Act and the Uniform Commercial Code, that have been adopted by all states. [NCCUSL, CUB, AAC and CERA publications]

On August 4, 1994, the Conference voted overwhelmingly to accept the proposed Uniform Adoption Act, with only minor changes made. This means that the Act will now be presented to each and every state legislature within the year. Adoption reform groups strongly oppose this Act and there has been clear and repeated opposition from many other sources: the Child Welfare League of America, the National Association of Social Workers, Catholic Charities USA, Children Awaiting Parents, the National Adoption Center, the Adoption Exchange Association, and the Joint Council on International Children's Services legislature. [Information from NCCUSL, CUB, AAC, and national newspaper articles]

The provisions in the Act oppose everything that the adoption reform movement has been working towards. The Uniform Adoption Act provides that anyone can adopt and anyone can be adopted. The Act allows any "person" to "assist" the natural parent in locating a prospective adopter and transferring physical custody of the child to the prospective adopter. It allows any person to assist a prospective adopter to locate an available child. The term "person" as used here includes corporations, partnerships, joint ventures, and other commercial entities. Fees may be paid to each "person" assisting in the adoption. This means that anyone can arrange adoptions for profit and need have no qualifications, no expertise in children or families, no licensure, no ethical obligations, and no regulation.

Evaluations of adoptive parents and their homes are arranged and paid for by prospective adoptive parents; they can fire and replace anyone whose evaluation is likely to disqualify them for adoption.

Adoption records will be sealed for 99 years and then can be destroyed. The requirements for filing information are reduced and all names are removed from the legal papers. In other words, parents X and Y will file a petition to adopt Baby Z and the legal papers do not have to identify anyone by name. [Some searchers have been able to find birth relatives by the name on a petition; this step prevents that.]

Fathers can sign a paper at any time after conception waiving their rights to the child; some people in Florida have proposed a registry for males who think they may have fathered a child. This registry would allow them to relinquish rights over a potential child. The Act proposes that revocations can be gained from the mother any time after birth, regardless of her physical condition and the medications she may be under. At whatever time she signs, she has only eight days after birth to file a legal revocation of the relinquishment.

Parents do not have to be notified of a minor's pregnancy, treatment, or relinquishment, which means that a teenager could call an 800 number from any of the numerous media advertisements, be flown to another location, and give birth and relinquish without anyone ever telling her parents. Grandparents and other natural relatives have no rights and do not have to be notified.

Advertising for babies will be legal (it is now illegal in 33 states). And as is true with any advertisements, there is little way to validate information given in the ad. A baby-selling ring can advertise as "Loving couple can offer your baby security and all advantages. . . "

and lure young women to prison-type "baby farms" with impunity. A pregnant woman who accepts payment from prospective adoptive parents for any expenses, including plane fare to their home to meet them, is subject to criminal prosecution if she changes her mind later in pregnancy or after the birth. This can certainly increase the possibility of coercion to surrender and the possibility of a woman having to turn over her child to people she has come to distrust.

Disclosing identifying or non-identifying information from sealed records is a criminal offense. It could become a criminal offense for birthparents, adoptive parents, or adoptees, in closed or open adoptions, to tell anyone else anything contained in sealed records, whether that is where they got the information or not.

Prospective adoptive parents who violate any provisions of the Act are subject to criminal prosecution but are allowed to finalize the adoption anyway. In addition, information sheets and other forms that do not have the required information are still effective as long as they are in "substantial agreement" with provisions of the Act.

There are many other provisions in this Act that are repugnant or dangerous to the welfare of children and natural parents. Legitimate adoption agencies and child welfare organizations are very much concerned about the lack of protection for mothers and infants. They are also very concerned that this Act does not address the needs of older children in need of homes. The Act is primarily focused on facilitating the adoption of newborns.

This example, of the NCCUSL legislation, indicates the response from one segment of society to the adoption reform movement.

United Nations Convention on the Rights of the Child

Internationally, the United States has also shown its disregard for preservation of the natural family and the rights of children to their heritage.

The United States, for instance, refuses to ratify the United Nations Convention on the Rights of the Child which was adopted by the General Assembly of the United Nations November 20, 1989. No other modern, industrialized, democratic nation has refused.
Article 7 of this Convention states that the child has the right to a name at birth; the child has the right to acquire a nationality and as far as possible, to know his or her parents and be cared for by them. Article 8 asserts that the State has an obligation to protect and if necessary, re-establish basic aspects of the child's identity. This includes name, nationality and family ties. Article 9 affirms the right of the child to live with his or her parents unless this is deemed to be incompatible with the child's best interest. The child also has the right to maintain contact with both parents if separated from one or both. And Articles 10, 11, and 12 declare that children and their parents have the right to leave any country and to enter their own for purposes of reunion or the maintenance of the child-parent relationship; that the child has the right to express his or her opinion freely and to have that opinion taken into account; and that the child has the right to obtain information, and to make information known, regardless of national frontiers. [Information from United Nations publications and CERA newsletter.]

Even Canada, Australia, and New Zealand--countries with the closest similarity in adoption laws, signed the Convention on the Rights

of the Child. However, these countries are in the process of opening the sealed records and, perhaps most importantly, they do not allow private, for-profit adoption and are neither big importers nor exporters of infants for international adoption.

In summary, American adoption, like other aspects of social policy discussed in earlier chapters, is influenced by class, gender and racial inequalities and is heavily influenced by economic factors. In adoption, the divisions are not so clear cut. Adoption crosses lines that some of the other issues do not. Any female can become an unwed mother; any female can face infertility, regardless of class and wealth. An important distinction between American adoption and adoption in other countries is that the American system allows and encourages profit-making by those who arrange infant adoptions.

CHAPTER 5
RESEARCH PLAN

Transformations of Motherhood: The Relinquishing Mother

Statement of the Problem

In American adoption, motherhood must be transferred, emotionally, socially, and legally, from the natural mother to the adoptive mother. In this process, the biological basis for motherhood must be negated. The natural mother must be transformed into a non-mother and the woman adopting her child must be transformed into a mother.

Both are illegitimate and must be legitimized through personal and social processes. The natural or birth mother is illegitimate because she has failed to meet the societal prescription for sex within marriage and parenthood which includes paternal claiming of the child. The adoptive mother is illegitimate because she has not given birth and must validate her motherhood through non-biological means. In this research, I look at one side of the process: the transformation of a biological mother into a non-mother.

Background of the Research

In the United States, there are an estimated five to nine million adopted people (Samuels 1990:6, and others), ten to 18 million adoptive parents and ten to 18 million birth parents--25 to 45 million people directly affected by adoption. Taking a mid-range number of 35 million

would mean that 13% of the population are members of the adoption triad. In addition, there are grandparents, brothers and sisters, spouses, cousins, aunts, uncles, and friends of triad members, and there are countless social workers, lawyers, and others who have an interest in the adoption population and the adoption system.

Even though it is invisible by outward markers, the adoption-affected population in this country is very large. Adoption statistics are poorly kept in this country and in many others, but it is likely that there are proportionately more adoptions in the United States than in any other country in the world.

In recent months, radio, television, computer networks and print media daily include stories and conversations about adoption issues: custody fights between adoptive and natural parents, searches for missing relatives, successful and not-so-successful reunions, black-market baby-selling scandals, and various challenges to the laws and customs that govern American adoption.

Adoption holds a mirror to the deepest cultural values and cultural contradictions in North America. Where there is racial bias, discrimination against women, unequal access to resources, abuse of power by those in higher social positions--these are reflected in the adoption system.

In the United States, we often fail to protect vulnerable mothers, sometimes treat children as commodities for exchange and as property to be owned; and we give less priority to the rights of certain groups of people. On the other hand, we pride ourselves on our concern for homeless or abused children who are products of these same social

conditions. We have policies that promote the adoption of children in need as well as policies that encourage support for troubled families.

As with other family systems in the United States, adoption is under siege. Proponents of current adoption methods say that our system is a good one and that it meets the needs of all who use it. Members of the adoption reform movement insist that there are serious flaws in the system and that the rights and needs of some triad members are being ignored in order to satisfy others. Further, they charge that the profit motive is interfering with a true consideration of the "best interests of the child" or the parents.

The experience of adoption is very different for all sides of what is known as the adoption triad. In formulating adoption policy and law, planners have not considered the differences in these experiences, but have tended to gloss descriptions of adoption as though the meaning is the same to each person involved. The few follow-up studies of adoption have evaluated the success or failure of adoption by asking adoptive parents to report. This would seem to be an obvious and built-in bias in the research because the adoptive parents are the ones who gain a child. They would be more likely to view adoption in a positive light than would the people who have lost family members through adoption. Few published studies of American adoption have asked the relinquishing mothers how successful they think our adoption system is.

Goal of the Research

At present, decisions are being made, policies are being formulated, laws are being changed, and few people are systematically listening to and documenting the voices and experiences of those who are

most affected. Policy makers need to know how their policies translate into lived experience. This is a situation in which grounded theory is essential. A good ethnography, grounded in empirical data, will enable the development of a research agenda in which the needs of informants have equal weight with social science concerns and social services agendas. The intent of this research is to learn about adoption, and particularly about the birth mother's experience, from informants whose lives are defined by adoption.

The objectives are twofold: 1) To discover and describe the process by which millions of pregnant women delivered a child, yet did not become a mother; and 2) to find out how this disruption and alteration of the usual pattern of motherhood may have affected their lives after relinquishment. This research may also add to our knowledge about mother and child bonding.

To examine the process of relinquishment, we ask what circumstances are present in order for a pregnant woman to consider relinquishing her child to adoption; what psychological, material, and social factors influence this woman towards relinquishment; and how effective is this transformation over the life course.

There are many larger questions related to this research, such as the following: Is there a natural bond between mother and child, and if so, what is the significance of that bond and what are the consequences of breaking it? What can we learn about the relationship between biological mother and child by examining the lives of women who have been separated from their children through adoption? What relevance does this have to social policy for adoption and for unwed mothers?

Theoretical Orientation

Grounded theory. This research is grounded in personal experience: the experience of the researcher and the experiences of the participants. This is a qualitative project which incorporates participant observation, informal and formal interviews, the collection of life history narratives, and narrative analysis. The theoretical orientation is the grounded theory approach, perhaps best explicated by Anselm Strauss and others (1990, 1987). Hypotheses are generated through lived experience and by analysis of life history materials; they emerge from the information that is gathered.

Methods of Discovery

Participant-Observation

The research for this project began about 15 years ago when I learned about and joined Concerned United Birthparents (CUB), a support group first formed for birthmothers and later expanded to include fathers, adopted persons, adoptive parents and others affected by adoption. During that same period of time, I also joined Adoptees' Liberty Movement Association (ALMA), a search and support group oriented towards adopted persons, and by 1983, I was also a member of ParentFinders, a Canadian search and support group. Unlike CUB or ALMA, ParentFinders had local meetings (in Edmonton, Alberta), and at these meetings I met and talked with birthmothers, adoptees, and a few adoptive parents. About thirty people came to each monthly meeting and most were adopted persons in search, or people seeking support for the post-reunion process.

Gradually, particularly after my reunion with my own relinquished son in 1985, I began more active participation, first as the support leader for birthmothers who came to ParentFinder meetings or contacted ParentFinders from other regions in Canada. Not long after joining ParentFinders, I also became a member of the American Adoption Congress (AAC), an umbrella organization whose membership includes individuals and groups that represent a broad cross-section of the hundreds of search and support groups. At first, the legislative reform focus of AAC was open adoption records for adult adoptees and adoptive or birth parents. AAC goals have now broadened to include legislation intended to promote family preservation, although the Council for Equal Rights in Adoption (CERA), established in 1990, is more strongly devoted to the preservation and reunification of families. CERA is also an umbrella organization and provides a forum for education and understanding of the issues of adoption.

After returning to the United States in 1986, I began attending regional and national meetings of the AAC and later CUB. I participated in the first HEAL march on Washington, D. C. in the summer of 1989 (Honesty and Equality in Adoption Laws), and since then I have also participated as an observer and speaker in other activities of the adoption reform movement.

Even though I did not, at first, have an ethnographic purpose, I listened carefully to all members of the triad because it was important to me to understand their feelings and their experiences. I made notes on conversations and frequently recorded interviews--either for personal interest or for freelance writing projects. Since beginning graduate work in anthropology in 1990, I write up daily notes from telephone

calls and other contacts, as would any other participant-observer in his or her research community.

Adoption population. The most accessible adoption population is not a geographically bounded community but rather a network of persons across the United States and Canada and including Australia and New Zealand (which have adoption systems similar to the US). An ethnographer must be prepared to establish a place in this network and spend a great deal of time with correspondence and telephone communications (and more recently, with computer networks). The researcher/ethnographer learns something from each informant, but this is a two-way street. Adoption-affected people contact someone in the network because they need information, search help, or support in getting through a period of personal crisis. Individuals who initiate contact may not actually join any of the national, regional, or local organizations, but at the time of contact, they need something and become involved for the period of time that their needs are being met or when they, themselves, can provide help to others.

The question arises, then, of how representative the people are who take part in any study which includes a majority of informants who have contacted a search and support group? Is every birthmother and every adopted person affected throughout their life course, or are only the persons who come forward affected by adoption?

Checks and balances. There are checks and balances available in this research project. Almost half of the sample population are birthmothers and adopted persons who have not previously contacted a search or support group. These individuals are "recruited" through chance encounters, or through friends and relatives and work

acquaintances--through a personal network rather than an adoption network. No one in this study was paid for their participation.

Langness and Frank (1981:50) discuss reliability and sampling and suggest some specific checks:

> In fieldwork in general, and in taking life histories, all other things being equal, the longer the anthropologist has been in the field or with the person the greater is the likelihood that the data will be reliable. Although there are different ways of checking the verbal information received, probably the best test of reliability is simply the ability to predict accurately what people will do in a given situation and to understand what is happening. Fieldworkers whose information is reliable will be able to get around comfortably in the culture, to avoid errors and *faux pas*, and to elicit predictable responses from the individuals they interact with. That is to say, people will do what the fieldworker, on the basis of the data, thinks they will do.

Langness and Frank suggest that reliability checks while in the field might include 1) checking observations against verbal descriptions, 2) checking the account of one informant against another, and 3) asking the same questions repeatedly of the same informant, either re-phrasing the question or asking for further clarification. In addition, it is important to work with as large a number of informants as feasible and with as adequate a sample as possible. And, "it is always necessary to specify why and how a particular informant was chosen and to let your readers know what kinds of inferences and generalizations they may make on the basis of that single case" (1981:52). These precautions have been taken during my field work and in gathering the life histories.

Generation of Hypotheses

The participant-observation continues to generate hypotheses and to provide an important way to keep in touch with the concerns and activities of the adoption population. Some of the hypotheses generated include the following:

1) Families exist in every society because there is a durable bond formed between mother and infant prior to birth that survives various deprivations and attacks.

2) The mothers who relinquish to adoption were not abdicating their motherhood; they were choosing what was presented to them as the best mothering. Therefore it should not be surprising that these mothers continue to care about the child for the rest of their lives. The most common pressure to relinquish came from this statement: "If you love your baby, you will give him up." Why expect that this love would disappear after relinquishment?

3) A woman does not "choose" to relinquish a child unless certain prior trauma has occurred and certain conditions of privation exist during pregnancy and immediately after birth.

4) Motherhood is an unbroken continuum for birthmothers; they have a long, sometimes permanent interruption in the face-to-face relationship but not in their emotional relationship with the child. Motherhood continues in the fantasy and anxiety of not knowing who and where the child is nor whether he or she is all right. The mothering continues in the search. The mothering is transformed again in reunion.

5) A mentally and physically healthy woman with social support does not relinquish a child.

6) The breaking of the mother-infant bond--whether by miscarriage, infant death, or adoption leads to grief and mourning. For mothers whose children were lost to adoption, the grief is long-term and not amenable to normal patterns of loss resolution.

7) The grief and mourning themselves indicate the strength of the bond.

This is not a complete list of hypotheses that can be suggested from the data collected during the field work; others emerge in the analysis of the life histories.

Interviews

Interviews for this research project include many people involved in adoption such as the Director of a local Catholic Charities organization, social workers from Children's Home Society and Catholic Charities, and the Director of the Florida Adoption Reunion Registry. I have also interviewed a lawyer who handles adoptions, a judge who is opposed to opening adoption records, numerous pregnancy counselors in agencies that offer services to pregnant, unwed mothers, and many adopted persons, adoptive parents, and birthparents. These interviews are usually not taped because of the reluctance of the persons being interviewed, or sometimes because it is easier and more efficient to take notes during the interview and write them up immediately afterwards. In most cases, the written interview notes are submitted to the person for checking; he or she has the opportunity to add more information or request the deletion of a name or comments about a particular individual or agency.

Collection of Life Histories

One of the most important methods of discovery in this research project is the collection of life histories from more than fifty women who have relinquished a child to adoption. As defined by Watson and Watson-Franke (1985:2), the life history is one distinctive type of personal document. What is distinctive about the life history as opposed to other personal documents such as diaries, journals, or letters is that the life history "is any retrospective account by the individual of

his life in whole or part, in written or oral form, *that has been elicited by another person.*" By contrast, the autobiography is a person's self-elicited retrospective account of his life.

Life history studies have been used in anthropological research at least since the 1920s, but this methodology is not unique to anthropology. Biographical methods are also used in medicine, psychology, psychiatry, history, sociology, political science, literature, and other disciplines.

The life history method in anthropology emerged out of research on American Indians (Langness and Frank, 1981:17) and biographies of individual North American Indians were published as early as 1825, before the existence of a formal discipline of anthropology. Biographical materials by anthropologists were published in the 1900s and continuously in the years since then. Portions of life histories gleaned from members of the group being studied have always contributed a major portion of an anthropologist's ethnographic material.

Paul Radin's *Crashing Thunder* (1926) is an early example of the use of biography by an anthropologist to throw light on a particular culture. Ruth Benedict looked at it in the opposite way as well, suggesting that life histories might allow better understanding of how the environment shapes an individual.

> The unique value of life histories lies in that fraction of the material which shows what repercussions the experiences of a man's life--either shared or idiosyncratic--have upon him as a human being molded in that environment. Such information, as it were, tests out a culture by showing its workings in the life of a carrier of that culture. . . ." [Caffrey 1989:xvi]

Alfred Kroeber, Franz Boas, Elsie Clews Parsons are a few of the anthropologists working in the first half of the century who made

extensive use of life history materials to provide a more complete picture of a culture through individual perspectives. Later, Gordon Allport (1942), Clyde Kluckhohn (1945), John Dollard (1949), and Oscar Lewis with studies such as *Five Families*, *The Children of Sanchez*, and *Pedro Martinez* in the 1950s and 1960s, all made extensive use of life history methodology, as did others. Margaret Mead was a firm believer that the life story of an individual could provide an embodiment of the whole culture.

Assumptions about the use of life histories and about social science research itself were being questioned in the 1970s. Vincent Crapanzano (1977) and Gelya Frank (1979) deliberated the legitimacy of using life histories to study cultures that may have distinctly different ideas of the "self" than our own. Frank argued that the life history could even be considered a double autobiography, as it is a mutual and collaborative process between investigator and the person being interviewed. Other researchers such as Sidney Mintz questioned the objectivity and neutrality of life history materials. He rejected the idea of a verifiable truth in an informant's words and spoke of the "many-sidedness" of truth (Watson, Watson-Franke 1985:12-13). This is part of a move towards an interpretive approach to life history studies.

Phenomenology, which takes account of subjective experience as a phenomenon in its own right began to seem especially suited to life history studies. Phenomenology could be combined with the hermeneutic approach when life history moves away from the position of objective truth towards interpretive truth concerned with what meaning an experience has to the subject whose life is being studied. This attention to the analysis and interpretation of life history materials

was timely and answered some of the previous critics of life history methodology who felt that the lack of analysis was a major weakness.

Summary of approaches. In their book, *Interpreting Life Histories* (1985), Watson and Watson-Franke critique five life history research orientations. These orientations provide a summary of the most important uses of life history materials in anthropology over the past 60 years. They are, 1) the study of personality and culture, 2) study of the individual-society relationship which includes the socialization process, 3) the study of the individual's role and impact in micro and macro processes of social change, 4) the phenomenological aspects of subjective consciousness; and 5) the hermeneutical problem of reconciling "objective" frameworks of analysis with the subjective properties of the life history document (1985:204).

Objective data and subjective interpretations. In this research project, the life history materials will pull from all of these orientations. In these stories provided by relinquishing mothers, we are looking for objective data about their situations and the events that occurred and, equally important, we are looking at the meanings that the women place on their experiences. Throughout the stories the interplay between culture and the individual is evident. Etic and emic perspectives on adoption are both present, as are the ways that researcher and participants in the research collaborate in the interactive process of collecting and analyzing life history materials. We also see ways in which the participants have been the instigators and shapers of social change.

Population Studied and Sampling Methods

The study population is unusual for anthropology, as the women in it are bound together by passage through a common experience rather than a geographical location or ethnic membership. A birthmother is not identifiable by any external marker and women who have relinquished a child come from a very wide spectrum of society. This population is hidden; your mother or your sister may be a birthmother and you are not likely to be aware of her status. Shame and stigma persists, though it has diminished slightly for women reaching maturity in the 1980s or 1990s.

Shame and Stigma

The terms "shame" and "guilt" are frequently used together as though they were one and the same thing; usage here will follow that of Helen Lynd (1958) who builds on the differentiation used by Sigmund Freud and later Ruth Benedict: Guilt, or self-reproach, is based on internalization of values, notably parental values, in contrast to shame, which is based upon disapproval coming from outside, from other persons.

The term "stigma" is used in this report (as suggested by Goffman: 1963) to mean the situation of the individual who is disqualified from full social acceptance. Stigma may be evident (as with a physical deformity) so that the person is discredited upon appearance; or stigma may be harder to perceive, but discoverable. In the latter, a person who is discreditable may try to conceal his stigmata and "pass" as part of the "normal" population.

The discoverable kind of stigma applies to many people in our society such as homosexuals, released convicts, AIDS carriers,

alcoholics, and unwed mothers or those who have relinquished a child to adoption. In the case of birthmothers, their strategy in generations past has been to conceal their stigma in the hope that they can "pass." For all who carry a stigma and hope that it will not be disclosed, there is an extra load of anxiety and duplicity. They are living a double life.

> By definition, of course, we [normals] believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma-theory, an ideology to explain his inferiority and account for the danger he represents, sometimes rationalizing an animosity based on other differences, such as those of social class. [Goffman 1963:5]

To reiterate, the population in this study is hidden. A birthmother, since she looks the same as any other person in our society on the outside, does not have to identify herself and often chooses not to. Stigma is one of the reasons why it is difficult to find a representative population of birthmothers. Access to this population is as limited as accurate statistics on their existence.

Other Sample Limitations

Closed records. Difficulty in gaining a representative sample of birthmothers is compounded by another, equally controlling factor. The records in adoption are closed by law and neither private agencies nor public agencies will disclose a list of women from which one could reasonably draw a "random" sample.

Trauma. Yet another difficulty in drawing a sample of this population is the highly emotional and traumatic nature of the relinquishment experience. Some women have never spoken of what happened to them, not only because of shame or guilt but because the experience

remains unspeakable. The risk of recall is too great for their fragile emotional stability.

One young woman explains it in this way.

> Your daughter. . .gave me information over a year ago. . . . I couldn't even read through it until this week. I'm not ready yet to contribute anything [to the research], but I am ready to thank you sincerely for your work with adoption issues.
> I hope to have the courage to get past my grief enough to help other people that are going through (or have gone through) this living hell.
> Thank you for having the courage to do what you are doing. It is so important to break the silence and change the dynamics of adoption. . . . Right now my heart and tongue are too broken but as soon as they are not, I will be writing to you. Thanks again, Love always, . . . (personal correspondence, August 22, 1994)

Her letter exemplifies the long delay that many women go through before they can face even a portion of the intense emotions surrounding child loss, or speak about what happened. Her letter also indicates the relief that women feel for having someone acknowledge their loss and be willing to hear about their experience.

There are limitations shaping any sample of the adoption-affected population; these are a few that pertain to birthmothers--shame and stigma, closed records, the emotional intensity of the experience, and the typically long delay before mothers can cope with the potentially overwhelming emotions that can be set loose by thinking or speaking about what happened. Therefore, any sample of birthmothers is self-selected; they must be volunteers and the researcher must first find them in order to ask for their participation. Once identified, the women must have some reassurance that what they say will not be used in ways that will further damage them or others. This is not to say that all of those who volunteer ask for anonymity. Some would prefer to lift the anonymity that allows birthmothers to remain stereotyped and dismissable. Here are examples of attitudes about anonymity.

> You have my permission to identify me in any publication with regards to the reports that I submitted to the University of Florida Adoption Research Project. I reject the forced anonymity of adoption. [signed and dated form enclosed with narrative from A. Dery, dated June 25, 1994]

Another mother writes, "You may use my name and any information you need. I have nothing to hide or that I'm ashamed of." [D. Mitchell, October 1994 letter]

"Here is my narrative for your project. Let me know if I left out anything you need. Also, I do not want anonymity. Please identify me by name." [E. Whitmore, June 21, 1993]

Several mothers wrote, in the body of their narratives, that the silence of birthmothers has helped adoption abuses to continue and that they hope their stories can help change the system.

> I am delighted that somebody is doing an organized study of what adoption and its consequences are. There is so much emotion, naturally, plus a lot of sentimentality and little data. I hope I can be a part of rectifying that situation. . . . I have a firm belief that in the long run good faith and information will lead to a better society. [letters, S. Tavela, April 1994, July 1994]

In general, it seems that those relinquishing mothers who are able to talk with someone about their experience are those who have taken some steps towards healing from the trauma. This contradicts claims of adoption arrangers, adoptive parents and others who believe that women do not talk about their surrender of a child to adoption because it has not bothered them or they have forgotten about it. There is no evidence from any study or from any informal sources to support the belief that some mothers are not affected by the loss of their child and have had no regrets. If unaffected birthmothers exist, they have not come forward.

The Conflict Approach is Inherently Biased

American-style journalism frequently uses the conflict approach to reporting and in this culture, we have come to expect that two sides

will be presented on every issue. If one point of view is presented, a reporter will search diligently for someone with an opposing point of view so that he or she can achieve "balance." This can present some misleading information. If an association of 500 Catholics, for instance, issues a statement opposing abortion, a reporter is likely to search out at least one Catholic who is in favor of individual choice and interview that person, in order to provide both points of view. The amount of space given, as well as the tone of the article may seem to be balanced, but should a ratio of 500 to 1 be given equal treatment in the article? Or would it be more balanced by giving greater space to the group representing the most people?

Apparently anticipating some criticism of her sample of birthmothers, Merry Bloch Jones (1993) stated in her Introduction,

> This book is certainly not about *all* birthmothers. It is not about women who intentionally conceived children with the idea of relinquishing them. . . . It is not about women whose lives were habitually so dismal that relinquishment easily blended with other problems and passed almost unnoticed. And it is not, *because I was unable to locate any* [my emphasis], about women who relinquished happily. [1993:xv]

I, too, was unable to locate any women who relinquished happily. This is one more reason to open the closed records of adoption. With a policy of open records, at least for adopted persons 18 or over, it would be possible to find a scientific sample and see what has happened in the life course of relinquishing mothers. Perhaps there are some mothers who have forgotten the children they gave birth to; perhaps there are some mothers who have been unaffected by their loss. Perhaps some mothers are even happy about their decision to relinquish. But until some of them come forward, we have no proof that they exist.

Conscientious Sample

The 56 birthmothers who took part in this study (see summaries in Appendix C) were located through several methods: 1) ads in three Florida newspapers, stating that a "birthmother would like contact with others who have relinquished. . . ", 2) a notice in the American Anthropological Association newsletter regarding the University of Florida Adoption Research Project, 3) a news release put out by the University of Florida Information and Publications Office which engendered several radio and television notices about the Adoption Project, 4) an announcement about the Project and Archives in the CUB newsletter, and 5) through personal referrals, word-of-mouth, and a magazine article I wrote in 1989. Other women volunteered as a way to reciprocate for search or support help that I had given to them over the years. I purposefully attempted to find women who had not joined support groups and may never have spoken with anyone about their relinquishment.

Other Sample Considerations

In addition to the effort to find isolated birthmothers who had not been a member of any search or support group, I placed the notices in avenues that would provide a geographic spread. The sample now contains women from 22 states and Canada, though I did not exclude anyone who volunteered even if they were in a location already represented.

Likewise, I was aware that the mothers should represent women who relinquished through private adoption agencies or individual placements as well as through public agencies. Fortunately, this happened without any particular effort on my part.

The only basis for excluding any volunteer from this particular study was that the mother should have relinquished at least 15 years ago.

There were no requirements about search or reunion. Since the period after relinquishment is long (and most of their children are 18 years or over), all but two woman are actively searching; 74 per cent have found their child or have been found. Because some of the women have become known to me through their search efforts, this may cause the sample to be weighted towards women in reunion. There is no way of knowing what percentage of the total birthmother population is in search or reunion, because no central state or national agency gathers statistics about adoption or reunions.

In summary, the sample of birthmothers in this study has been gathered conscientiously and with an attempt to eliminate potential sample bias. It is possible that a well-funded project with ample human and material resources would be able to find a sample with different characteristics, but the women in this study report experiences and emotions that are indistinguishable to what I have found in my reading and my experience "in the field." This congruence reinforces the validity of the sample.

Narrative Analysis

Multiple narrative sources. Informal and ongoing analysis of many information sources provide a background and context for the narrative analysis of the core research materials--the life histories. These other sources also provide a continuing cross-check of the information that comes from the project participants' narratives and allow another way to

keep in touch with the issues and primary concerns of birthmothers and adoptees. The following materials were collected, read, and compared.

1) 350 newsletters from 45 different search and support groups. Each newsletter contains one to five narratives from triad members, preponderantly adoptees and birthmothers, with a few adoptive parents.

2) 80 newsletters from Concerned United Birthparents (1987 to the present), each containing 14 pages of letters and stories from birthmothers and a few other triad members.

3) 100 file folders of inquiry letters to CUB headquarters (1986-1988) that contain, on average, 25 narratives each, some quite detailed, others less so.

4) my personal adoption correspondence files from about 1980 to 1994, with letters from triad members.

5) 30 newsletters (1968-1975) from Orphan Voyage, one of the earliest established national support groups.

6) clippings files from newspapers and magazines about adoption, from 1986 to the present. These are particularly relevant for analyzing cultural and media attitudes about adoption and birthmothers and charting changes in attitudes as well as changes in adoption law, policy, and practice.

7) personal library of articles, books, and pamphlets by triad members, often published privately and therefore not available in libraries or bookstores.

Life history analysis. The core research data in this project come from the life histories. The written narratives range in length from three to five pages of single-spaced text to notebooks containing over 150 pages, and notes from telephone conversations. Most participants

wrote several times over a period of months or years, and most files contain at least 10 pages of narrative, or interview notes.

Each file was examined for basic data such as mother's age and address, child's date of birth, agency or intermediary who arranged adoption, maternity home or residence during pregnancy, marital status, reunion status, and subsequent children (see Appendix B for summary of sample population characteristics).

Then each statement was analyzed for both subjective and objective information. After closely examining the files from ten participants, certain themes and patterns were emerging regularly and I set up several notebooks to summarize details from each case. These summary items included death of a parent in childhood or abandonment by one or both parents, physical or other kinds of abuse, parental alcoholism, symptoms of post-traumatic stress syndrome, depression, difficulty in relationships, contact with the birthfather or feelings about him, expressions of anger and grief, methods of healing or resolution, and feelings about search or reunion (see Appendix C for life history summaries).

One result of the interactive and open-ended method of gathering the life histories was the sense of uncovering layer after layer of memories and emotions. The general procedure was that the participant requested information about the project and was mailed an information sheet (see Appendix A). This provided the birthmother with a general set of suggestions which encouraged her to describe her childhood, as well as her pregnancy, relinquishment, and post-relinquishment experiences.

When this first submission was received, I responded with more questions, based on the information provided in the first narrative. If

she said, with regard to her childhood for example, that her mother was critical and demanding, I would likely write back and ask her to give examples of what she meant. Then I might also ask her to describe her relationship with her father. This response and counter-response interaction continues as long as the participant wishes to do so.

In the example above, the woman might respond that she does not know much about her father because he left when she was seven years old. Or she might respond that her father (or mother) had a drinking problem and so this made the relationship more difficult. Or she might then begin to describe the abusive nature of one or both of her parental relationships--significant facts that were not included in the first narratives and sometimes not until several responses later.

A notable omission in most narratives was work and career. Few described themselves in terms of the paid or unpaid work they do and none mentioned present income. Most did not include educational attainments either at the time of relinquishment or at present. Since methodology was intended to elicit the participants' own evaluation of what is significant, I did not structure their submissions by asking a set of prepared questions. I wanted to know what each mother felt was significant in her own life.

Future research might well be a post-dissertation questionnaire to members of this group in which each participant would respond to the same set of questions. Quite a few of the participants stated explicitly that they would not have been able to respond to a questionnaire and that they appreciated the opportunity to tell their stories in their own words in their own ways. They said that participation had been a thought-provoking and healing process they appreciated the possibility

of ongoing communication and the opportunity to answer at their own pace and at whatever level they were comfortable with. However, as a secondary method of eliciting information, the questionnaire might be useful.

Summary of Research Plan and Methodology

There have been very few studies of relinquishing mothers, and these have not looked at the life course, including the years prior to the pregnancy and relinquishment and a period of at least 15 years after. These parameters are necessary, first, to see if there may be common childhood experiences that predispose a woman to give up her child, and second, to have a post-relinquishment period long enough to gain a fuller realization of how the loss of her child or children affect the woman's life.

The stages of this research include more than 15 years of participant-observation in adoption search and support groups. In the stories heard in the participant-observation stage, certain common features appeared in the mothers' narratives, such as traumatic events or circumstances of childhood. Other common elements included a period of numbness and silence that lasted from ten to twenty years and sometimes much longer.

The childhood trauma they spoke of in informal conversations was rarely accorded a significant spot in the birthmother narratives and appeared in fragments, seemingly incidental. Yet the frequency seemed to be higher than noted in conversations of the same type among people who were not affected by adoption. To see whether the informal observations

were valid, I asked the women in the study to briefly describe their childhood and include any significant events (see Appendix A).

The other parameter, the long period after relinquishment, was necessary for two reasons. Many women in the immediate period after relinquishment appear to be in a state of shock or denial; certainly they have not yet integrated their feelings of grief with what was supposed to be relief. They often seem to be working hard to achieve the positive results they expected or were told they would feel. They believe that they "should" be happy because they chose what they were told the child and possibly for themselves. What was presented as a generous, morally right decision may not <u>feel</u> right emotionally and bodily. Second, to get accurate information about the possible lifetime effects of the relinquishment experience, it was obvious that women would have to be out of or coming out of the "unspeakable" stage or the denial stage, regardless of how many years afterwards this occurs. They would need to have been through enough of their life course to examine their relationships with their families, their husbands, and their other children, if any. They would need to have surrendered long enough ago to assess how their surrender experiences may have affected their education, their careers and other aspects of their lives.

In summary, the shared experiences and observations in support groups--the early participant-observation--shaped the methodology of the formal research project and indicated initial questions to pursue.

In the next chapters we hear their own stories of childhood, pregnancy, relinquishment and post-relinquishment and see what patterns emerge in the life histories.

CHAPTER 6
CHILDHOOD LOSS AND TRAUMA

The Perfect Set-Up

"Roseanna," one of the birthmothers in this research project, commented that "the perfect set-up to becoming a birth mother" is the need to escape from an undesirable home situation. In her case, it was a barren, loveless home with an abusive mother and a passive father. The majority of women in this study could be described as "unmothered women" like Roseanna, who, for a variety of reasons did not have a warm and loving relationship with their mother or a stepmother. In turn, their ability to successfully travel the road to motherhood was jeopardized. They did not have the emotional or material resources needed to become a mother at the time they became pregnant.

In many cases, parental losses, whether from death, separation, or abandonment, have created a serious loss of love and security.

Other mothers have suffered a loss of self that results from the "splitting off" phenomenon of child abuse or the denial and lack of authenticity of living with parental alcoholism or mental illness. Children who grow up in abusive and alcoholic homes learn to survive by denying their perceptions and their emotions, often "walling off" their feelings. They frequently have received no validation or acknowledgment of their true selves and may be "out of touch" with themselves. A common thread running through the stories is the double bind that became their way of living.

Children who live with controlling and neurotic mothers cannot please the mother, regardless of what actions they take or do not take. Children who live with abusive or alcoholic parents "walk on eggshells" to avoid the wrath and violence that may erupt without warning. They are caught in a double bind. Since they are not the cause of the eruption nor of the parental problem, they cannot "fix" the problem nor control the outbreaks--regardless of their behavior and no matter how "good" they may be. Since there is no rational connection between the actions of the children and the actions or reactions of the parents, the child also learns helplessness and watchfulness. She learns that nothing she can do will guarantee safety or affection.

Any and all of these childhood conditions or experiences can provide the perfect set up for transformations of motherhood and relinquishment of a child.

Another factor in the set up is the combination of shame and guilt which threads throughout the narratives. Roseanna points out that women who had strongly internalized cultural prescriptions for being a "good girl" and whose parents were driven by a need to save face or uphold their reputations in the community were particularly vulnerable to pressures to relinquish a child born out of wedlock.

Unmothered Women

Relationship with Mother

The relationship with their mothers consistently stands out--calls attention to itself--in these narratives. The first comments written about the family of origin are typically brief, only hinting at pain and

frustration. Women cover the topic of "childhood" with comments like, "I was never close to my mother," or, "My mother was very critical and controlling." When asked to enlarge on those statements, a much harsher and more destructive picture often emerges.

Compiling accurate numbers on abuse, in this project or any other, is difficult because we do not have a shared definition of abuse and because of the well-known phenomena of lost memories and denial. Although emotional deprivation such as parental hostility and coldness is one form of child abuse, some people categorize that kind of parenting as stern or rigid or "normal." I generally used their own words to assess abuse. If the women themselves used the word "abusive," or described details of obvious emotional, physical, or sexual abuse, then I ascribed that category to them in the numerical summary (see Appendix B).

From the early analysis of the first ten case studies, it was clear to me that "relationship with mother" was going to become an important category of information and thus I tried to elicit enough information from respondents to at least assess whether the women felt they had a good relationship with their mothers or a difficult one.

Of the 50 women who described their relationship with their mothers, 38 characterized their mothers as hostile, unloving, critical, cold, or abusive; this is 67.8% of the total or 76% of those responding. Four of the 50 described their mothers as loving, but the relationship was difficult because of alcoholism or some other factor; two of the 50 had no mother relationship to describe because their mothers died and their fathers did not remarry until later. Only six of the women in this study described their relationship with their mothers

as "good" or "good enough" until the time of the pregnancy. Of those reporting on the mother/daughter relationship, a total of 44 of the 50 (88%) are women whom I would describe, from their stories, as "unmothered" women.

The nature of this lack of nurturing ranged from outright physical assaults by the mother to psychological abuse that took the form of constant criticism or belittling of the child. There are also women whose mothers employed a more subtle hostility that continually undermined the child's sense of self and left her feeling inadequate and unwanted.

"Lynn," who was severely abused as a child, says, "My life is the kind of life that generally remains a secret. It is the kind of life that appears to be perfect on the outside, but on the inside there is intense pain." [Excerpts from narrative of May 24, 1993]

> I grew up a quiet, painfully shy little girl. My mother was the type who needed to be in control of everything and everybody. . . . She was the president of the PTA, always a room mother, Brownie leader and Girl Scout leader, a pillar of the community. Our family life was extremely rigid. My father was almost never home when I was still up. My bedtime was always 6:30 even on weekends. There was never an exception made. . . for at least the first 13 years of my life. Then it changed to 8:00. I cried myself to sleep each night. I would hear my father come home around 7 p.m. I wanted to see him but knew I couldn't. Mother always told him I was asleep and not to bother me. But I wasn't asleep. It was still daylight. The neighborhood children were playing outside my window. I hoped they wouldn't know I was in bed, but they did, sometimes mother told them. Sometimes they would laugh and chant, "Lynn had to go to bed. . . ."
>
> I remember being a very good child, perhaps abnormally good. I was very pale and not very strong. I seemed to be terrified to be anything but good. But I also realize that I remembered practically nothing about my childhood.

Lynn was raped when she was 17, by a boy at school who had visited their home once.

> My parents had forbidden me to go out with him. After school one day he asked me to go for a ride. In spite of what my parents

> had said, I went. He took me to a dingy one room, unfurnished apartment and introduced me to a pitiful-looking soul. She was his mother. He then took me to an old barn and raped me. He tattooed my name on his arm. I never told anyone, but I'm sure he bragged of his conquest. I had led such a sheltered "protected" life that I never had even heard the word rape. I did not know why I was bleeding, I did not understand the concept of virginity, and did not realize I had lost my virginity. I only knew he had hurt me and I knew what happened had ruined me. I felt dirty, sick, and ashamed, I wanted to die. But I never blamed him, even though I was angry, I only blamed myself. After all, if I had obeyed my parents it wouldn't have happened. The next day at school, I apologized for bleeding on him.

Three years later, Lynn was dating "someone who was very knowledgeable about sex." He became her "mentor." When he explained to her that girls have a hymen and when they are broken there is bleeding, she "suddenly realized that I wasn't a virgin. I was so sick inside and felt, no decent man will ever want me."

> My self esteem went lower than ever. I began to experiment with sex with this young man, but never had any clothing removed. On two occasions there was vaginal penetration and I became pregnant. We had dated steadily for about 6 to 8 months. We broke up before I knew for sure I was pregnant. My boyfriend . . . had gone back to his old girlfriend. . . . I never heard from him again, even though he had heard that I went away to have his baby.

Lynn also describes the terrible pain she has endured from the loss of her child and says that she "suffered with symptoms of Post Traumatic Stress Disorder throughout my life, but it became worse after giving up my child." She always had difficulty "focusing, concentrating, and remembering." Lynn had an eating disorder for eight to ten years, "I was a compulsive overeater. I would binge and then fast. Food became my addiction, my coping mechanism."

When Lynn's daughter found her in 1989, they were both overjoyed. However, she gradually learned that her daughter had been "physically, emotionally and sexually abused by her proper, well-to-do adoptive parents." Her daughter is in therapy now, and so is she.

> Because of my daughter's abuse, I went into therapy with someone who specializes in child sexual abuse. [Lynn's clergyman

> insisted that she get counseling because of her suicidal tendencies.] I told my therapist I had come from a near perfect family. . . . It has been a long and agonizing journey as I have gone in and out of denial, not wanting to believe what my dreams and flashbacks are showing me. . . . My abuse was daily and ritualistic for about five years, I estimate. There was biting and sucking. There were clothes pins and metal parts from my mother's sewing machine attached to my genitals for hours at a time. Most of my abuse was from my mother, but there were others too, as she allowed it. . . .

In addition to seeing a therapist, Lynn is now in a support group for incest survivors and sexual assault victims. She says that she has come to believe, through study and her own experiences [herself, her reunited daughter, others in the support group] "that incest, child sexual abuse and rape are often at the root cause of this whole problem of unplanned pregnancy."

> But choosing adoption as a way to cover all the mistakes and the pain is not a solution. It only compounds the problem and the pain goes deep, and the depression grows stronger. . . . We can't just keep hiding and burying the pain. The truth needs to be faced and dealt with. . . .[letter dated July 28, 1994]

For Lynn, her faith in God has given her the strength to face her memories and to work with her daughter towards healing for them both. She feels that she is being rebirthed "as I learn to feel, as I learn to play, as I learn to live and experience joy." She has a support group meeting in her home now and is "making progress in my healing. The more I can talk about it the more I can heal. The problem is--no one wants to hear." [letter, July 28 1994]

In some of the birthmother narratives, the generational patterns of abuse have been included. In Lynn's case, she knew that her mother's father had been abusive and alcoholic, "dragging her around by her hair and 'God knows what else'" (as her mother had said); recently she was able to talk with her aging father about his childhood and discovered

that he had been sexually abused by older cousins and by a co-worker when he was an adolescent.

Darien's history combines her mother's hostility with generational alcoholism and abuse. Five of her mother's brothers and sisters were "serious alcoholics for some or most of their lives and had to be institutionalized at some time." Only four of the nine siblings lived into their seventies. The others died in their forties and fifties from alcohol-related problems. The next generation does not drink--neither Darien nor her cousins. Most in her generation are successful business people; Darien is the only college educated cousin. [Information in this and the following paragraphs from narrative dated August 4, 1994.]

Her father is the youngest of nine brothers and one sister who were raised by their widowed mother. The paternal grandfather died of the flu in 1919 when her father was a baby. The grandmother was left to raise the children by herself and it was apparently more than she could handle. When Darien's father turned 16, the grandmother had a nervous breakdown and did not speak or get out of bed for months.

Darien says she learned early how to separate from herself. She remembers at the age of five of consciously withdrawing from her mother and deciding not to be involved with her. She said her mother was so negative, so critical, so abusive--and that she was so consistent in this behavior--that she, Darien, would have had to have been "totally out of it" not to realize that she had to withdraw from that relationship. This lack of attachment was a pattern she learned early, in addition to being able to separate from herself.

> Mother was very responsible in caring for us physically until I became a teenager. She always kept the house clean, made good nutritious meals, sewed most of my clothes, made curtains and

> bedspreads, gave us birthday parties, made a big deal over the holidays, etc. Momma was always petty and jealous. She begrudged other family and friends any good fortune, as though it meant there was less for her. Somehow I think she had the same problem within the family with any affection that was not directed towards her. When I turned 13-14 my mother moved from just being distant, critical, judgmental and unavailable to being openly hostile.

Darien worked after high school to earn enough money to go to college. "I didn't ask them for any money and they never offered."

> The situation in my family was bad, very bad. My mother's main focus in life seemed to be my personal and emotional destruction. I used to lay awake nights wondering if it was wrong of me to hope my mother would die. She would come into whatever room I was in with this nasty, poisonous look on her face and follow me from room to room telling me what a worthless, ugly, stupid, disgusting person I was.
>
> She seemed consumed with hatred and rage at me. And I had done nothing, nothing to warrant this. It was really sick. She could not stand for me to be in the same room with my father. I don't know if it was just the idea of someone being nice to me or if it was jealousy. I think a lot of it was jealousy. She would come in and start on both of us, telling me, "You make me sick. You act like a sick kitten, hanging around him. He can't stand you either, he's just too much of a coward to say so. I wouldn't give you air if I had you in a jug."
>
> This kind of verbal abuse had been going on my entire life, but the volume and intensity turned up further and further as I moved into my teen years. [Physical abuse was common in childhood. Her mother used to chase her and beat her when she was a kid and her brother would sometimes stand between them and try to protect her.]
>
> I wish I could find it in my heart to feel sorry for my father, but I mostly feel rage at him for not only not doing anything about the situation, but treating it as though it were a joke.
>
> My father was weak-willed, hated confrontations, and never treated any issue as really important. He needed my mother's drive, energy, ambition and incredible determination. [8/4/94]

In spite of her mother's abusiveness, Darien now seems to have a compassionate view of her family and she includes in her narrative positive characteristics of both her parents and her extended family including that "drive, energy, and ambition" of her mother's that caused her so much pain. Darien feels that she has some of those same characteristics and has been able to use them more productively. She is

proud of her family history and has strong ties to the region in which she grew up. She knows her upbringing influenced her life but in her narrative, she does not draw direct connections between lack of maternal love and her own relinquishment.

Even when the prime abuser in a family is the father or stepfather, the child's relationship with the mother is damaged, just as Darien's relationship with her father was damaged because he did not defend her from her mother.

For example, as Sarah's story gradually unfolds, she reveals several layers of the complexity involved in childhood abuse. In her first narrative (April 24, 1993), "Sarah" explains her childhood briefly.

> I come from an upper middle class family where I'd been sexually abused as a child. I'm quite sure that my sister was abused as well. We always had nice clothes and good books. From the outside my family looked normal; inside it was awful. . . .

In her second letter (July, 1993), Sarah responds more specifically to my questions about childhood abuse and her response provides clarification of why abuse may be related to relinquishment. She also adds another dimension to the reasons a woman might surrender her child to strangers to raise.

> It would not surprise me to learn that a larger percentage of birthmothers than is typical of the general population had been sexually abused as children. From my experience and that of other women I've met in support groups. . . sexual abuse sets a young woman up for confusing affection and sex. I know I grew up with little sense of having any boundaries. Strangely, but logically I was not promiscuous once I had access to birth control. That somehow put me in a position of power, a position of making conscious choices instead of taking the more familiar victim stance. Also, I've come to realize I had a sense of escaping my family through my child. Thus, relinquishing had a strong appeal to me before I actually went through with it. My child would be the adored, happy, well-treated little girl that I would like to have been. Too damn bad the fantasy didn't materialize [Sarah's found daughter was raised in an abusive adoptive home.]

> I am not sure if this is myth or fact, but it certainly seems like a large percentage of sexual perpetrators are stepfathers. If it is the knowledge for the adult that there is no genetic link, then adoptees would be more likely to be victims, too. Sexual abuse is a separate issue from adoption, but the public has to learn that things that don't necessarily result in babies--oral, anal sex, sex with prepubescent children are devastating to the child.

Her sense of her own abuse is that "a lot of things just 'didn't count' as far as my father was concerned."

> Physical sexual abuse occurred at traumatic times in the family, when my mother was furious with my father. These times were when I was young, two to five and again at eight. Throughout my childhood, thoughts of suicide and soft flannel blankets were my self-soothing mechanisms. The sexual abuse wasn't continuous, but the atmosphere in my family remained sexually and emotionally abusive even when nothing was being acted out.

In her third letter (July 28, 1994), Sarah describes an exercise that her therapist suggested and she passes it on, in case it might be helpful to other women in the study. Here she begins to define her relationship with her mother, or at least her emotions about the way she was mothered (or "unmothered"). The exercise involves writing a letter to the person with whom you have unresolved anger, as part of a completion process. Sarah said that she has been surprised at "how deep my anger at my mother is over the issue of relinquishment." The following is part of her letter in which the mother's role in childhood is tied in to the later relinquishment and she explains (in an unmailed letter to her mother) why she is angry:

> Because you had no faith in me and belittled my creations. Because you never stood up for me. Because you never taught me that damage could be overcome. Because you never protected me. Because you never willingly went out of your way to help me, I came to believe I was undeserving, should not be able to be hurt like other people. I accepted, tolerated, even expected inconsiderate treatment from others. I felt what I could produce was worthless and what was valuable, like my baby, I didn't deserve. I felt alone and didn't know how to, or expect to, trust anyone close to me ever. I became isolated and untrusting inside a socially acceptable shell. [letter July 28, 1994]

Even though sexual abuse from her father may have been the primary source of damage, it is clear from Sarah's story and from Darien's that regardless of which parent is the active abuser, the parent who did not protect the child has contributed to the child's damage and to her later vulnerability.

Other "unmothered women" illustrate such frequent factors as the mother's need to control, the mother's jealousy of her female child, the mother's punishing attitude, and even the mother's fear that her daughter's motherhood may usurp her own dominion.

"Annette" describes her mother as a woman who has to be "in control." Annette is the oldest child, born after her parents had been married for three years and her mother had been through two miscarriages.

> I was a forceps delivery and my mother fed me "on schedule" (the prescribed method of the time) rather than "on demand," so I no doubt learned early that I wasn't in control. It was MY MOTHER who was in control! Not that she was wantonly cruel. She devoted herself to being a "good mother"--some sort of cleaning machine, bottle-sterilizing robot who kept a spotless house and a perfect child.
>
> I was raised with traditional, middle-class values. My father was a school teacher; his father had been a minister. Mother stayed home and kept the house spotless, cooked nutritious meals, sewed curtains, mangled sheets and underwear, and directed the activities of us three children. We had our chores, but it seemed like all the important work was done by her, and if we wanted to help, we had to do it "right" or be belittled. My Aquarian nature wanted to do things my own way, but Mother was relentless in demanding conformity. . . so, eventually, I decided on another technique: Avoid outward conflict as much as possible and do what I wanted behind mother's back.
>
> . . . When I became an adolescent, I followed the same rule. . . Sex seemed like a good way to get the love and approval I had missed at home. . . . [narrative July 16, 1994]

This factor of "control" appears over and over in the narratives of the mothers in this study. Since childrearing "experts" from the 1920s through the 1950s advocated a "scientific" approach to mothering,

some of the generations of cold, critical, and controlling mothers may have been the direct result of mothers trying to measure up to "the experts'" recommended methods of raising their children. Possibly some of the mothers would have been warmer and more relaxed if left to their own devices and not so concerned about potential criticism. Nonetheless, the children raised this way were hungry for affection and that hunger sometimes led to early and traumatic sexual encounters.

"Jackie" says that her mother should never have been a mother. Her mother was an ambitious career woman who quit a professional, high-status job in order to help her husband in his career and to raise children. She "was not a natural mother." [narrative July 20, 1994]

> . . . she was a dutiful mother who protected and loved her children--but in a controlling manner. The arrangement was that my father would make the money and run his business and she would take care of the children and run the household. She was not a natural mother and, I am certain that, that devoting so much of her time and energy to motherhood (with no real assistance from her husband) was at times most frustrating and exasperating in a deep sense, though she also controlled her emotions. . . .

For Jackie, as for many of the other mothers in this study, there was an element of jealousy in the mother and daughter relationship. Jackie was her father's favorite and he gave her more time and attention than he did the other two children. "I have no doubt that my mother loved me," says Jackie, "but I also believe that she resented the time and attention my father gave me. . . " Jackie does believe that part of her mother's pressure on her to surrender her child reflected the nature of her relationship with her mother, and she clarifies that below.

> Is it not reasonable to assume that the unmarried woman or teenager who becomes pregnant out of wedlock is especially threatening to a controlling mother, or a jealous mother, or a resentful mother, as well as a mother who does not really like her child? Adoption becomes the means to punish her daughter and, in a way, kill two birds with one stone. The daughter (now a fertile woman in her own right) is banished from the kingdom, along with

> her child (who poses a threat to the queenly throne, just as the daughter now does). . . . [July 20, 1994:58]
>
> Although I was in my mid-20s, I believe that my mother was not prepared to face the reality that I was ready . . . to assume the role of mother [Jackie wanted to become a mother; her pregnancy was not accidental.] And she must have deeply feared, whether she was able to consciously admit it to herself, that she would have her power usurped on two counts: She would no longer be "The Mother" and her husband would forge an alliance with the new mother and the new child. . . where her husband would have to assume a fatherly role to her daughter's child. Her daughter would become "The Mother," in her fears, and she would be on the outside. [July 20, 1994:59]

During telephone conversations, Jackie has described the relationship with her mother in later years. She was the primary caregiver during her mother's old age after her father died. Jackie always hoped for a closer, more communicative relationship with her mother and feels that her mother was on the verge of letting down the barriers, but in the end, this did not occur and it is still a source of sorrow to Jackie that she and her mother were not closer and that they were never able to discuss the forced adoption and how that affected all subsequent family relations.

Childhood Losses Through Death, Separation, or Abandonment

Death of Parent

Twenty-three percent of the women in this study reported the death of their mother or their father during childhood or adolescence. Of the 56 participants, 10 lost their mothers and three lost their fathers. This figure may be even higher, as some participants interpreted my suggestion to "include significant childhood events" (see Appendix A) to mean events that were directly related to the later relinquishment. Some women did see a direct link between the loss of

their mother or father and subsequent events that led to adoption loss. They realized that their need for love was heightened by the loss of love from a parent. They consciously related their emotional deprivation to early and often unhealthy relationships with men which, in some cases, resulted in an untimely pregnancy. For other participants, parental deaths occurred at an early enough age so that any relationship to pregnancy and relinquishment would be indirect and thus possibly not reported. In planning another similar research project, it would be a good idea to include, as a final step, a questionnaire asking direct questions about loss and abuse in childhood and adolescence.

For those who saw the connections, it was usually in retrospect that they understood how the loss of a parent had affected their own sexuality and childbearing.

Death of Father

For "Marianne" the linkage was direct. After the Christmas Eve funeral for her father, when she was 14 years old, "my life turned upside down." [undated narratives, received summer, 1994]

> I was alone in a house with a mother who never wanted a child and now had a 14 year old daughter she disliked and didn't even know. It started a pattern of lies, sadness, horror and loss. For both of us.

Marianne became sexually active and describes herself as promiscuous.

> During the next two years I fell into beds, the back seats of cars, living room sofas, wherever there was privacy to be had. . . I was on a downhill slide to hell as I now recall. I thought I would find love.

Even though her pregnancy occurred after this period, when she had settled into a longer-lasting and loving relationship, Marianne was still in high school and her pregnancy resulted in being sent away from

her mother and her boyfriend, with no chance to have the love and support that she had been looking for.

"Paula" lost her father to alcoholism when she was three. Since he was openly abusive to her mother, it is not known whether she felt his loss as a loss of love. However, for her, the death of her father precipitated financial hardship for the family. Her mother worked in a factory, leaving her in the care of a grandmother who did not like her and at whose home she was sexually assaulted by a handyman. Her mother did not provide the emotional support Paula needed and is described as "cold and critical." Shame and "what would the neighbors think" also contributed to Paula's vulnerability when she became pregnant and was abandoned by the baby's father. She was sent away from home to keep from disgracing her mother and stepfather. [Narratives of July 6, August 17, and December 7, 1993]

"Lorraine" also lost her father, and for her the loss left a great hole in her life (narrative of April, 1992). She, like Marianne, was very close to her father. He called her "my pal" and enjoyed doing things with her. He died when she was 11. There may or may not be a linkage between his loss and her "salvation experience at 13" when she became a "strong Christian with high moral standards." At 14, she became close friends with a young man from another school; "we played in civic band concerts together with his father." They planned to marry when they were 18 or so, and she did not intend to have sexual relations with him until after marriage; however, he raped her when they were still in high school and she became pregnant. So great was her shame and humiliation that she fled to another city.

Loss of Mother

For those who lost their mothers to an early death, there were different sets of losses. The most obvious is that they lost the mothering that could have been theirs if she had not died. But here, as with the death of a father, the losses were multiple and sometimes unexpected.

Marlene's mother died in childbirth before she was six; the new baby sister also died. For a brief time Marlene was sent to live with her beloved grandmother and godmother. However, when her father re-married, she was brought back home and forbidden to see her grandmother and godmother again. She was abused "physically, verbally, and emotionally" by her stepmother. Her older brothers had "sex play" with her, and she was sexually abused by her father between the ages of 15 and 18 before she ran away from home for the final time. She met her future husband and the birth father of her first child when she was "on the street" and he and his buddies picked her up for a "gang bang." [Letters, September 1993, March 18, 1994, May 16, 1994]

In Marlene's case, the death of her mother precipitated a series of losses and then abuse, which not only left her "unmothered" but severely damaged from the assaults and betrayals of other family members. This in turn led to a life marked by self-destructive behavior and lack of self-esteem. It is impossible to say what hers or any of the others' lives would have been like if these deaths had not occurred but in each life story it is clear that the parental loss, severe enough in itself, is only part of a series of losses.

The mother of "Michelle" was killed in an automobile accident when she was four years old. She and her three brothers and sisters were

taken into state custody until the father could get enough money to take them all to the midwest to the mother's family. The mother's relatives, who had never approved the marriage, tricked him and quickly adopted out all of the children as soon as he returned to the west coast to work. He died (his employer said of a broken heart) without ever seeing them again. For Michelle, her mother's death resulted in the loss of all her family members and a series of abusive foster and adoptive mothers. In adulthood, she searched for her father, her siblings, and the daughter she surrendered to adoption. She has found some relatives, but she knows that the losses cannot be regained. She says that she "can get a few answers," but she "cannot gain back the years and the lives that were lost." [narrative October 1994]

For "Mary," too, the loss of her mother was the beginning of a series of losses; in addition, her mother's death increased her responsibilities at home and her daily work load. When Mary's mother died, she had to become the surrogate mother for four of her younger brothers and sisters "and my father." Though she does not describe her father specifically, she says that her childhood was "violent." Two years after her mother died, her fiancé died in an automobile accident. Then her second "future husband" left her because she is Catholic and he decided that he could not accept that part of her. Mary did not begin to associate the losses and trauma in her life with her vulnerability to pregnancy and relinquishment until a few years ago (letters, summer 1994).

In writing a memoir of the years between her mother's death in 1955 and her son's birth in 1963, she has begun to appreciate "the turmoil and the stresses that preceded my pregnancy."

> In retrospect, it seems I became the most rational person on earth; at the same time, psychologically, I slipped into a Sleeping Beauty mode. Thus deadened, I submitted to reason. I think of a line from an e.e. cummings' poem: 'Life is more true than reason may deceive.' In time, I came to understand this line. [July 1994]

Others also speak of the division between reason and emotions at the time of relinquishment. Of becoming divided because they ignored their body, soul and emotional needs in favor of doing what seemed rational; that separation between mind and spirit appears throughout the narratives.

Of the many losses associated with the figurative or literal loss of mothering, one of the most serious is that the girl or young woman has no one to teach her how to be a woman. "Nicole," whose mother died of breast cancer when Nicole was seven and her sister was eleven, talks about this aspect of a mother's role (from fourth narrative, October 19-November 15, 1993).

> Growing up without my mother I looked to other women I knew to teach me how to be a woman. . . . I think that women are taught by their mothers to be women through obvious lessons, conversations and by other means. I think we convey these lessons sometimes through a look or a touch or even a hug. Sometimes those hugs tell you that you are important, you are cherished. I thought I missed someone caring for me. I missed someone teaching me how to be a woman, how to grow into an adult woman with a particular history, a family history. I realize that mothers teach their daughters when they're young how to grow into adults and when they're adults they teach them how to grow old and eventually how to die. I stumbled around in my emotions most of my life, not sure of just what I was entitled to in my relationships with family, men and friends. I felt abandoned by someone I thought was one of the few who really loved me. Her friends [mother's] always told me that she loved me. I certainly didn't feel that from most of my family.

To Nicole, the loss of her mother was mixed in with being forced to deny her feelings. She also connects the loss of her mother to the inability to understand her body, because there was no one to teach her.

> As children we were taught to put aside our needs and feelings for the good of all. We couldn't play because food had to be shopped for, dinner had to be cooked, laundry had to be done. We weren't

> allowed to cry in our house after our mother was buried. We would go to a neighbor's house to grieve. My father was the only one allowed to express any emotions and that was usually anger. . . . He was violent. If we said or did something he didn't like, we got beat. We had to repress our needs and feelings in order to survive.

She and her sister made their own doctor appointments because they remembered that their mother had taken them for checkups. She says that she "had no idea when I was sick unless I was so overcome with fever or the like that I couldn't get out of bed." Nicole believes that this inability to identify what was happening in her body was the reason that she did not realize she was pregnant until she was six months along.

All of the women in this research project whose mothers died and their fathers remarried, reported difficulty in getting along with the stepmother. Possibly some of the stepmothers tried to be good mothers, but it was difficult for them to find an acceptable way to mother the stepchildren they inherited.

"Inga," for instance, whose mother committed suicide when Inga was 12, said that her stepmother was a "nice enough person" but where her mother had been gracious, her stepmother "was feisty and not well-educated. We became friends in the following years, . . . although regarding her as different from our family and sometimes embarrassing" (narrative October 8, 1994).

More often, the stepmothers seemed openly hostile--either jealous of the children's demands on their new husbands, or critical and abusive of the children themselves, for reasons that the children could not understand nor do anything about.

"Della" states that, in retrospect, she thinks she got pregnant in order to get her father's attention. She tried to talk to him prior to that to tell him how bad things were for her and her siblings because of

the stepmother's abuse and criticism, but he stayed away from home, working long hours, and would not talk. Della's father had remarried within a year of her mother's death, to a woman he had only known two months. She "hated children, downgraded us all the time," and "bossed" them around. She told the kids she only married their dad to get out of the city, which she hated. Even the sister who got along best with the stepmother "had to quit school in the 10th grade because she got so nervous from the arguments, tension, and fights in the household and she threw up all the time" (undated narrative received 1993).

Even though Della may have gotten pregnant in order to get her father's attention, her courage failed and she left home as soon as she learned she was pregnant, without telling her father or his wife. She continued to work two jobs and take college classes, until she had to leave town to hide her pregnancy.

As a few of our examples indicate, the death of either the mother or father, precipitated a series of changes and further losses that, as children, the women were powerless to control or to heal. Several mothers have said that in finally beginning to grieve the loss of their children to adoption, they were able to begin grieving the loss of their own mothers. And this was the first conscious linking of their lack of mothering with the subsequent loss of their own children.

Other Deaths

The death of other significant people in the family also recurred frequently in the life histories in this study and reverberated in sometimes surprising ways.

For instance Rebecca writes the following, in a letter dated November 28, 1994:

> In retrospect, I believe that one of the most potent influences on my life was the birth and death of another child to my parents four years before I was born. I didn't know of his existence until I was about five, and I never heard my mother mention his name. Born in 1924, Rodney was a happy healthy baby. When he was 15 months old, my mother and father went off for a short trip to Boston, leaving him in the care of my grandmother and a friend. They left a perfectly healthy baby and returned to find him nearly dead of spinal meningitis. No one could have saved him, no one did anything "wrong." . . . But I think my mother never forgave herself, never came to terms with her grief. As a result she was incredibly protective of me [and emotionally distant]. And my response, to keep from being smothered, was to run toward danger.

The "danger" that Rebecca ran to was the married man who made overtures to her. She was a high school student who baby-sat for his family; he was a high school administrator. She became pregnant and was sent out of town to a maternity home in order to save the reputation of both families. As she says, "my mother taught Sunday School; my grandmother was active in church groups and my father and grandfather, while not church goers, were 'respectable,' i.e. did not drink or run around." In their town, behavior that did not fit the standards of propriety "was ignored or talked about in whispers or, if too openly flaunted, condemned." No one in her family or in her town ever talked about her time in the maternity home or the birth. It was ignored.

> In some ways, I see my life long 'work' as being a coming to terms with where I started--not just the pregnancy and adoption, but my relationship with my mother. F. Scott Fitzgerald said that he became a writer before he was born, when his mother's two older children died of influenza. I think that the same concept applies to me, that I have become much of what I am because of the death of my brother before I was born, and because of my mother's reaction to that death. [letter Nov. 18, 1994]

Another woman reported that her mother never got over the death of the grandmother and seemed to be protecting either herself or her daughters from feeling such a loss by not ever allowing herself to love them. She was a cold and distant mother and they felt unloved and unwanted.

Deaths that "turn the world upside down" can also leave a person vulnerable to subsequent events, not only because of depression and survivor's guilt, but because the value system no longer makes sense and life is no longer predictable. "Rachel" writes that the violent and senseless murders of her relatives--especially the deaths of the two cousins closest in age and affection to her--threw her world into sudden and total disarray (narrative November 1993).

> They were good people, active in church and community, successful by any standards, and had done nothing whatsoever to "deserve" their deaths at such an early age. I, who came from the black sheep side of the family, could not understand why we lived and they died. I felt guilty for being alive, my strong religious faith was extinguished--I railed at God for their deaths--and saw no sense in being good, if being good meant being dead. Nothing made sense to me and in the few years between their deaths and meeting the man who became the father of my children, I could find no justification for being alive. Meeting him [the birth father], a person who needed so much (but could give so little) gave me a goal in life, a reason for being. I did not know that loving him and trying to "repair" his childhood damage would lead to so many other losses for me.
>
> . . . Our family was "dysfunctional" in today's terms, but I had been managing my own life reasonably well in spite of that. What I could not overcome was the trauma of the murders and the ever-deepening depression that followed me into the 1960s when the public assassinations of "good" people mirrored the private deaths.

Now, psychologists know that traumatic events like all of these people experienced, call for special support from friends, family, community and possibly professional therapists. But in the decades that most of the women in this study grew up in, there was little recognition of the special needs of survivors. Children and young people, especially, were thought to be resilient and able to "bounce back," to forget. The less said about what happened, the easier to forget.

Parental Loss Through Separation or Abandonment

Parental loss through divorce, separation, or abandonment could also trigger a series of losses, or leave a traumatic gap in the lives of the children affected. Now that they are adults, some participants in this research see the chain of events that led to an untimely pregnancy and relinquishment of a child to adoption, and this chain of events was set in motion with a parental loss of this type.

"Karen" is the youngest of five children. Her parents separated when she was two years old and she saw her father only twice after that. Her mother worked as a secretary to support the children and Karen's sister, who was 12 years older than she, became her surrogate mother. "I grew up thinking she was wonderful and that she would always be there to care for me." [This and following information from narrative dated July 1994]

However, when Karen was six, her sister married and, without any warning, moved three states away. "Over the next five years I watched the rest of my family leave. By the time I was 11, it was just my mother and myself. Wondering how long it would be before she left, I began pushing her away. It was about this time that I started experimenting with drugs and boys."

When Karen was 15, she met a boy 18 who was kind, gentle and "said he cared about me. He never pressured me to sleep with him, but soon after his 18th birthday I did. I thought he would always take care of me." When she became pregnant, they wanted to marry, but the boy's parents "exploded" and thought she was trying to trap their son into marriage. The boy responded by telling her that it was either him or the baby. If she kept the baby, he would leave her. She told him that too

many people had left her behind and she would never reject their baby, but the birth father refused to see her again until she decided.

"I had no friends left," says Karen, "and my mother, who had been supportive in the beginning, was now ashamed of my growing belly. It was from her that I learned that men don't marry women with children. Wasn't she the perfect example of this?" Under the pressure from the baby's father, his parents, and her mother, Karen caved in and her mother made arrangements through a lawyer for the adoption. Karen eventually married the birth father and is still married to him.

> I spent the next several years trying very hard to punish him. I wanted him to feel the same way I did. I wanted to make him give up something that he loved for me and I wanted him to hurt. Everyone wanted me to get on with my life and when I wasn't able to, they said I was a bitch. [July 1994]

Eight years after their first child was born, another daughter was born to them. This time the father was emotionally supportive.

"Darlene" did not see her father or any of her father's relatives until she was a teenage, able to find and meet him on her own. Darlene's mother left her father while he was away in the service and Darlene was about two years old. Her mother re-married right away, and her father tried to get custody but failed [she learned this only recently]. Darlene did not mention these childhood events until many months and several narratives after she began participation and after very specific questions from me.

> My mother was always telling me that my dad cared nothing for me, that if he had he would be sending the money [child support]. . . . She was obsessed with Dad getting away without paying. . . When Mom was especially upset with me, she would tell me how I looked like *my* dad, and I reminded her of *my* dad. (I do look like him and am very much like him.) This was not a compliment, and it usually left me bewildered, because I couldn't help the way I looked nor did I understand that by being myself I could evoke such hatred. . . .

> Secretly I deeply longed for my dad. I would daydream about him coming and whisking me away. . . I wanted him to save me from the situation I was in. Of course, I didn't know that he tried to. As I grew older, I didn't believe everything that Mom told me about my dad. I reasoned that there must be another side to the story. [letter, November 26, 1994]

Darlene did not say until this most recent letter that her stepfather had been sexually abusive. "I was abused by my stepfather, too. (He drank, too.) I choose not to go into detail about that situation."

> My stepfather has shown remorse and regret, but the situation is not remedied. It probably never will be, and we are doing our best to work on our situation from here on out. He says that he thinks of me as his daughter, but a long time ago, I had to build a wall in order to survive my situation, and I have not been able to let that wall down.

Since her stepfather was "softer and more sympathetic" than her mother, in her growing up years, Darlene is trying to let go of the past. She does say that she thinks her childhood has helped her to understand what it may feel like to be adopted. She did not look like the family she was raised in nor did her personality fit with them. She always felt like the outsider and "unconnected."

"Cherie" was also separated from parents at a young age. She was taken to a hospital for surgery on a cleft palate when she was two. She spent many months away from home and family and when she finally returned, she had "been replaced" by a new baby sister and always felt extremely lonely and abandoned, although there were four children and both parents in the home (narrative July 17, 1994).

For at least one of the participants in this study, abandonment is both within memory and hidden in family secrets. "Connie" has always wondered about her true parentage, but can get no answers from anyone in the family. She knows that there is something different about her and that information she wants is being withheld. Her uneasiness about her

place in the family is neither validated nor dismissed. As an adult, she has no contact with them, but when younger, she tried to get answers. Connie found an early picture of herself standing between a woman's legs, the lady's hands on her shoulders, standing comfortably, relaxed, "sort of flowing together." Her "uncle" who was later sent to prison for an accidental murder during a burglary, is standing next to the woman. When pressed for an explanation of who the woman in the photo was, the woman that Connie knows as "mother," the woman who claims to be her "real" mother, said that the woman in the picture was a neighbor who moved away. [This and following information from telephone conversation August 2, 1992]

There are other puzzling memories. Connie used to accompany her parents to the prison for monthly visits to her "uncle," although her sister did not go. Only she went to see this "uncle" with whom she shared some natural empathy. When her parents divorced at 13, her mother signed custody of Connie over to the state. Her "sister" stayed with the mother and even got to go to college while Connie stayed in an institution for wards of the state. No one explained why she could not stay at home.

Connie got out of the institution at 17 because she would have had to go to a women's prison since she was no longer an adolescent. At that point she moved in with the man she knew as "Dad" and his new wife. She "promptly got pregnant" and the young man "did as he was advised to do--not own up to it and just run away." When her baby was born, Connie saw the baby's father at the hospital nursery, but when he saw her, he literally ran away.

In Connie's case, the mysteries of her childhood and the trauma of being institutionalized for some unexplained reason and being treated drastically different from her sister, certainly had an indirect, if not direct influence on the loneliness and neediness that led to a relationship with the birth father and to the untimely pregnancy.

Separations and abandonments that she could only guess at, were compounded by separations she experienced at an older age but still could not comprehend. It did not occur to her, consciously, that the "uncle" and the mysterious woman in the photo might be her real parents until she was being interviewed for this project. "It's funny how something can be right under your nose and you won't see it."

The most minimal damage from parental separation and abandonment seems to be loneliness and emotional deprivation. The other damage comes from chains of events (losses and abuse) that are set in motion by these initial separations. In the sample population, 30.3 percent experienced the loss of parent through separation or abandonment; or the loss, by death, of some other close family member. Combining the death, abandonment, or separation categories, we see that 53.5 percent of the participants in this research study experienced serious family losses prior to the pregnancy that resulted in the loss of a child.

Childhood Losses of Self

There are other losses that can devastate a young person on the way to adulthood. When children feel unloved, unwanted, and "not good enough" to win the affection and approval of their parents, there is a loss of self. When children grow up in households with an alcoholic parent or grandparent, when children grow up in abusive homes, there is

a loss of self. Some writers or psychologists refer to this as a loss of self-esteem. It seems to me, from the descriptions of home life in this study, that this may not be broad enough. There is certainly a loss of self-esteem or a lack of opportunity to ever develop self-esteem.

However, for many of the women in this study, the opportunity to become an individual with her own, authenticated and acknowledged needs and emotions, was also lost, or at least delayed until many years into adulthood. They struggled to overcome the debilitating affects of the assaults they experienced in childhood. Not only do they not like themselves (lack of self-esteem), they do not know who they are so that the process of liking that person can begin. They are separated from themselves and are living a double life. They are the person who is trying to survive and to please the adults who are their guardians, and they are the hidden person whose needs and emotions cannot be validated.

Loss of Self through Childhood Abuse

The number of women reporting sexual, physical, or psychological abuse during childhood was very high--41 of the 56 participants, or 73.2%. Parental alcoholism bring that number even higher.

It is impossible to give universally acceptable definitions of each form of abuse. It is also impossible for any researcher, dependent on subjective information, to provide an exacting and replicable set of numbers, complete with degrees of abuse suffered. I accepted the participants descriptions of their experiences as evidence. It does seem irrefutable, though, that the number of women in this study who grew up in abusive homes or were subject to irregular abuse is disproportionately high.

Effects of Alcoholism and Mental Illness,

In her first letter (October 22, 1993), "Courtney" was typically brief, as most participants were, regarding her life prior to the first pregnancy. She says that she is married for the second time, has four children, three boys who are grown and a daughter in high school.

> My first husband was (and still is) an alcoholic. My dad was in the service for twenty years and my mother worked as a secretary . . . .My dad was a heavy drinker while I was growing up, but reformed after my baby brother, Chris, was born. I was 15 years old then.

Later, in response to my request for more details, Courtney describes the shame and guilt and fear she felt about her father and how her feelings changed from love into something else.

> I came to hate the smell of stale beer on his breath. I was disgusted when I heard the oddly pitched and nasal-sounding slur that uncharacteristically came into his speech whenever he was "inebriated"--one of the many polite words my mother used to describe his condition. I hated, too, all the strange and unexpected things he did when he was drunk. Once, he woke up my brother "Bill" in the middle of the night, and began singing "Happy Birthday" to him. Other times, he'd launch into long harangues about things we kids couldn't understand. . . but they always seemed to leave me with a vague feeling of guilt.
>
> I suppose because I was repulsed by this strange caricature of my father, whom I should have loved and respected. I felt guilty for not having those "good" feelings toward him. . . . At this same time I felt that I was becoming more and more estranged from my mother. I realize now that she, too, was suffering from my dad's drinking problem. Often she had to make last-minute baby-sitting arrangements, or call into work sick, because my dad was out drinking somewhere. She was tired a lot, and irritable. I became the "good girl" in the family. I helped out my mom as much as I could. [narrative sent December 1993]

Courtney's father progressed from strange behavior and not coming home nights, to violent episodes of throwing and breaking kitchen cupboards full of dishes and punching her mother.

Courtney took over more and more of the responsibility for her younger brothers and sisters. Frequent moves from one part of the country to the other meant that the children relied on each other. This,

she sees as positive, since they needed emotional as well as practical support from each other.

With even this extract from Courtney's narrative, some of the ways that her father's alcoholism affected the family are made clear. The family did not confront their father with the damage he was inflicting on the family. They tried to avoid outbursts from him; they felt anger and shame but could not express these emotions; and "polite" terms were used to help mask the real issues and deny the magnitude of the problems.

Finally, when her mother decided to leave their father, he promised to stop drinking, and he did stop. As she says, this did not happen until she was fifteen, and then her mother got pregnant again and Courtney had a great deal of responsibility for the baby's care, because her mother still needed to work.

One other example of family dynamics under the influence of alcoholism is included here, because in this case mental illness also plays a part. Rarely is there only one problem within a family. As can be seen from the earlier examples, alcoholism, abuse, and mental illness often appear in the same families; it is a combination of events and circumstances that apparently leave women vulnerable to unwed pregnancy.

"Andrea" participated in the project through telephone conversations because she has not told anyone that she is a birthmother and she doesn't want to risk being discovered through her mail. She is a "loner, and an independent person," who does not want to burden others and prefers to be a "recluse." She gave birth and relinquished in 1954.

Andrea described her father as sadistic and cruel, an extremely abusive man who tried to control everyone in the family absolutely. Her

mother was a kind woman who began to drink more and more. By "thirtyish" alcohol had "grabbed her and she did a real suicide thing with it. She didn't drink to be sociable, she drank to drink too much." Andrea's grandmother was diagnosed as being paranoid schizophrenic and committed to an institution by her grandfather. Her grandmother did not speak English (telephone conversation July 6, 1994).

With both parents drinking and one of them violently temperamental, Andrea learned early to hide her feelings (to the point that she herself no longer believes that she has any) and to "not make waves." She describes the kind of behavior she lived with at home.

> Mother was kind-hearted, a valedictorian in her high school, a tiny woman who worked very hard. She made hot porridge for us before she left for the factory in the mornings, came home, cooked dinner and did the housework. There was no washing machine, so she did the laundry by hand. We were always poor. My father was Catholic so we couldn't have meat on Fridays. One Friday, mother had come home, made a dinner of mashed potatoes, peas and fried eggs. My father came home at 6:00, became enraged (because he did not like the dinner) and picked up the pots of food from the stove and threw them at her mother and then stomped out to go drinking. [telephone conversation July 6, 1994]

When I asked her if her father was sexually abusive, she thought for a while and said that probably he was; she had not thought of it that way. There were bedtime scenes when he would come into her bedroom and sit on her bed, put his hand up her nightgown, "but no penetration, so I didn't think of it as abuse." [July 6, 1994]

This is the kind of home that Roseanna would describe as a "perfect set-up for becoming a birthmother." Andrea, like many others who left home because it was unbearable, found that what she ran to was as bad as what she left. She relinquished her first child to adoption, later married and had a son, divorced, re-married, and is now living alone. She had been living with the father of her first child for five

years, but he was not interested in becoming a father. Two subsequent marriages have ended in divorce. Her mother died at the age of 51, of alcoholism. Andrea feels like she has spent all the years since her mother's death in a depression that centers on the loss of her mother. Her father had diabetes, but lived into his seventies. [Telephone conversations May 15, June 7, June 30, July 6 and 7, 1994]

Andrea seems like a woman with a great deal of potential for writing and analysis, and for an active social life. But she has built some very strong walls around her emotions and her potential. Andrea "feels stronger" when she is alone. She says that she "loses her self" when she is around other people.

In summary, none of the women in this research project used their childhood experiences as a "defense" for the difficulty they had as young adults and specifically for becoming pregnant or relinquishing a child to adoption. Most of the women had struggled very hard to understand why they had relinquished a child when they did not want to do so. Even though there were many reasons why they felt they had to give up their children, they do not or did not understand why they were not stronger, why they allowed themselves to become so vulnerable or so helpless. Yet when one reads the details that emerge from requests to tell more about their childhood experiences, it is clear that their young lives had been marked by trauma and loss long before the pregnancy itself.

In the following chapters, we look at other factors that are commonly found in relinquishment stories; and in the concluding chapters, formulate some hypotheses about the transformations of motherhood that may occur in conjunction with these factors.

CHAPTER 7
PRESSURE TO RELINQUISH BY THE BABY'S FATHER AND THE FAMILIES

A woman who becomes pregnant normally has mixed reactions upon first realizing that she is pregnant. Even if she is married and she and her husband together have been hoping for this pregnancy, they will go through some periods of ambivalence. They will have some fears and some anxiety about the pregnancy and the coming child. Becoming a parent is a major life event, a major rite of passage. Even parents who are financially and emotionally prepared still have to adjust their lifestyles to the responsibilities of parenthood rather than to the relatively carefree childless lifestyle.

For the well-prepared expectant parents, the periods of ambivalence and anxiety are usually overcome as they become used to the idea and then to the reality of parenthood. Their social network and the social approval they receive from their new status are both very important in this adjustment. The relatives and friends of the parents-to-be do their part to reassure them in the new role and to provide whatever support may be needed. The man and woman make their adjustments and continue to make whatever accommodations are needed en route to parenthood.

It is a different story for the women in this study. Mothers who relinquish a child to adoption do so after a series of events and emotional transformations. The normal anxiety and ambivalence of

pregnancy is heightened and there is no resolution into parenthood, but rather a series of mental and emotional separations between mother and child that occur throughout the pregnancy. The support system that helps the socially-approved couple to resolve problems and prepare for parenthood works instead to separate the unapproved mother and child, emotionally, intellectually, and physically. This separation process is many-layered and complex. The result is that the socially-unapproved mother who gives birth may become a mother who is not a mother.

In this chapter, we examine the role of the birthfather and both sets of parents in that transformation of mother to not a mother.

The Baby's Father

The attitude and actions of the birth father in conception and pregnancy seem to be the single most important element in the series of events that led to relinquishment for the mothers in this study. Two of the women provided no details about the conception or the birth fathers. Among the other mothers, none became pregnant as a result of a casual, one-time contact, with the possible exception of one who said she was a student in France at the time and her pregnancy resulted from a date rape. However, she does not say how long she had been acquainted with the young man, only that she did not see him again after that night. The two others who said that pregnancy resulted from date rape knew the birth fathers well and had been dating for some time. One mother in the study became pregnant as the result of a criminal rape, but she knew the man who raped her and, at the time, did not understand that it was rape. The man was an older man, a neighbor, who had been sexually molesting the woman since she was pre-pubescent. She believed that he was in love

with her and was going to marry her. She thought he was "the most wonderful man in the world," her "hero" until he impregnated and then abandoned her. Recently several other women, including his female relatives, brought charges against this man for child molestation and rape. This summer, 18 years after she had become pregnant and had to leave town and to surrender her baby daughter, the man was convicted on the other women's charges and he is now in prison. She provided a deposition and attended the trial, but did not have to testify.

By far the largest majority of the men were in a boyfriend or husband relationship with the women. Of these, only one man offered to marry the woman and to help support their child and the woman rejected him. Two other women also rejected the birth fathers by not telling them of the pregnancy. The men did not have jobs or much education and the women felt they would have the additional responsibility of supporting both the father and the child. In one of these cases when the mother went to tell him of her pregnancy, she could see that he was more and more into the drug scene and chose to do the best she could on her own.

Half of the men denied paternity and/or fled the area (see list of birth father responses below). At least five in this group had male buddies lined up ready to testify that the young woman had slept with them, too, to prevent her from pressing charges or trying to get him to marry her.

Approximately thirty percent of the women were under 18 at the time they became pregnant and many of the young men or the young men's families were trying to avoid statutory rape charges by the woman's family. The threat of additional humiliation and rejection kept the

already shamed woman and her parents from further attempts to continue the relationship or to gain support.

Birthfathers' Responses to Woman's Pregnancy

Abandoned mother (denied paternity and fled the country or fled responsibility)	28
Father willing to marry mother, but families opposed marriage and he gave in to pressure	5
Mothers rejected fathers	3
Birth father abusive, mother fled	3
Date rape	3
Child molestation and rape	1
Birth father insisted on adoption, stayed with mother	4
Birth father already married to someone else	2
Birth father "didn't participate"	5
Not reported	2

Of the 56 women in this study, 46 reported that the birth father was definitely unavailable to them or to their babies. In American society, which is patriarchal, a man who does not claim his child or provide emotional and material support to the child's mother, places both child and mother at immediate and serious risk. An unclaimed child, a bastard child, is the "child of no one" in cultural attitude and in the practical difficulties facing the mother. The strongest wedge between mother and child is hammered in when the father refuses to claim the child. Most of the women, up until the relinquishment and beyond, hoped for a "miracle." Hoped that the father would have a change of heart, return to her and save their child.

For the great majority of birth fathers who did not claim their child or help the mother, the women's assessments of their reasons, included with their memories of birth fathers' words or actions paint a consistent picture: the women interpreted the sexual relationship as one of love and commitment; the men did not. The men did not want the responsibility of marriage or family and had no intention of taking it

on even if it meant fleeing the country--joining the military, going abroad, or disappearing to some unreported location. The men did not want to risk their education, their careers, or their freedom and would do whatever was required to avoid claiming the child. It seems that folk wisdom is right. The men wanted sex; the women wanted love, with sexual gratification being secondary. Briefly, here are a few of the birth father reactions to learning that the woman was pregnant.

"He was more concerned about becoming a disc jockey. He had boys lined up ready to humiliate me."

"The last date we had was the night I got pregnant. He started dating another girl whose father had a bigger farm."

"He said he couldn't marry an American and went back to [the Mideast]. Not too much later, he married someone else."

"He was an older man, a co-worker. He was already married and didn't want to have anything to do with me after I got pregnant."

"He knew about the pregnancy but wouldn't return the maternity home forms; I guess he was afraid of having a paternity suit."

"He disappeared to Europe."

"He went back to his previous girlfriend before he knew I was pregnant. Later, someone did tell him that I went away to have his baby."

"It was a date rape, and I knew he was planning on marrying someone else, so I didn't tell him."

"The birth father said, 'If it's mine, I'll marry you, but I won't live with you.' So I went through it alone."

"I was in love with him, but when he found out I was pregnant, he said, 'It's your problem.'"

"He just disappeared. I saw him once at the hospital nursery window, but when he saw me, he ran."

"He was a Vietnam veteran, unstable, did drugs--we didn't break up, but he just didn't participate."

"He was a good-looking European immigrant who said he did not have enough money to support me and a child."

"He was in the Marines and paid my medical bills in exchange for my family not getting him in trouble with the military [she was 14]. At first he denied paternity, then admitted it, then got a new girlfriend and denied it again." Though he continued to send money to the maternity home.

"His parents sent him to France for a year."

"He said he would marry me, but only under pressure and only to give the baby a name."

"He disappeared when I told him I was pregnant."

Most of the women whose boyfriends disappeared, or refused to marry, were realistic about their future chances. They knew that they would have little hope of garnering support elsewhere and that they were on their own, often facing angry and punishing parents and at the same time seeing their friends "drop away." Some held out hope that their boyfriend would have a change of heart.

Perhaps hope was strongest in the women who were living with or married to the child's father.

Husband or birth father insists on adoption. "Lou Ann" was 25, and working as a secretary when she became pregnant. The man she was living with, and later married, was 37. He had "a gambling problem" and some ties with the Mafia. At the time of the pregnancy, he was working at a

blue collar job and they were "getting along pretty well," or at least she thought that they were. When he learned that she was pregnant, he decided arbitrarily and immediately that the child would be adopted. She finally had to tell the doctor that "they" did not want to keep the baby and apparently the doctor, a lawyer, and her boyfriend arranged an illegal adoption. She believes that she was drugged in the hospital because she can remember nothing from the point at which she was admitted; she does not even remember leaving. She does not remember signing any papers and since neither the state Vital Records nor the state's central adoption unit have any records of an adoption or an amended birth certificate, it seems that whatever was done, was done illegally. She has gained some medical records, but not all. She is angry at herself "for having let so many people take advantage of me. I am the one who lost in the end. I am the one who has never had and will never have a child of my own. . ." She says that she was a very naive and a very frightened 25 year old (August 31, 1994).

Not until the sixth letter (October 25, 1994), did Lou Ann explain why she was afraid of her husband. Besides his unpredictable abusiveness, it was his ties to the Mafia. His brother had been the victim of a mob car bombing and had both legs blown off and his wife was injured, permanently crippled. However, it was not until a second pregnancy five years later that Lou Ann gained the courage to leave the man to whom she was by then married. This pregnancy ended in a miscarriage, but not before the pregnancy again spurred intensified abuse from her husband.

Several other women were married to or living with the birth father when they became pregnant. It seems that the pregnancy itself

aroused hostility and increased abuse in some men. "Lyla" was married to the father; they already had a toddler and she was expectant with their second child when the abuse escalated. The husband had been in and out of jail. He tried to kill her and threatened to kill their child and she escaped after a particularly violent episode when he held a gun to her temple. However, she, too, ended up in jail and was serving a sentence for writing bad checks when the second child was born. She surrendered the infant to authorities while she was still incarcerated. She tried to retain custody of the older child, but was not able to do so. She did complete a work training program while on probation and has been self-supporting since then. When her daughter found her a couple of years ago, she began to "sort through all that happened and try to make sense of it" (series of conversations, 1992).

Peer group or parental pressure. Although abusive husbands and boyfriends are common in the narratives, some of the birth fathers seemed to be reacting primarily to peer group pressure or parental pressure in their insistence on adoption for the child.

"Jeanine" came from a strict family. She was 19 and in love with the first man she had dated. He was also in love with her. When she told him she was pregnant, they were going to get married, but "one of his friends told him not to be a fool." The friend lied and said, "She's been with lots of guys--with me, too." When even the boyfriend's mother, said, "He'll never marry you," she knew of no alternative but to relinquish the baby. She could not raise the child alone in a small town in opposition to both families (conversation, November 23, 1992).

By the time the couple straightened things out between themselves, it was too late. They married and tried to get the baby back but could

not get her. They have been married for forty years now and have several other children, although they never recovered from the loss of the first child. Jeanine describes her husband as "a wonderful man, hard-working, kind, and decent." Her mother-in-law, on her death bed, admitted that they knew she had not been with other men and that this was their son's child. They tried, she said, to adopt the baby themselves, but could not (conversation, November 1992).

Jeanine's first daughter found them when she was 21 and immediately came and spent several weeks with them. She said she had never felt like she belonged to her adoptive family, although her adopted brother is different and shows no interest in finding his birth family. Jeanine says that "with God's help we've done a lot of healing and getting over the guilt. Right now I am finally at peace with myself, with my daughter and God's help." [Letter, September 16, 1992]

This pattern of delayed responsibility on the part of the birth father was distressingly common and so it was not so unreasonable of the women to keep hoping for a reprieve from the pressures to relinquish.

"Ellen" had been dating "Dean" for many months when she became pregnant. She believed that he was her "soul mate," but describes herself as naive (narrative June 21, 1993).

> I was a virgin, but within a couple of dates, we were having sex in his Mustang fastback. We of course used no birth control. Unmarried women had no access to condoms, let alone the pill which had recently become available. And Dean? Well, I guess he just didn't like 'rubbers.' What if I got pregnant? He loved me, he said; we were going to get married. (Yes, after only a few dates! Was I ever naive--and have I ever paid the price!)

When Ellen finally told her mother she was pregnant, the two families set up a meeting from which Ellen was excluded. At the meeting, Dean said he "did not love her, and never did love her." His parents had

their attorney at the meeting. The lawyer already had a maternity home picked out; he claimed his own daughter had gone there and that it was "high-class." [It was the mid-west maternity home with a national reputation for offering only the "best babies from the best families" for upper-class adopters.]

Dean then went into the military, serving in Vietnam while she was serving time in the maternity home. Ellen had tremendous pressure to surrender her baby (including her mother threatening to kill herself because of the shame she brought to the family). About a week after she signed, the birth father called her from the Army and said he wanted to get married and be a father to his child. He "scolded me for surrendering." When he got out of the service, they dated again for a short while and talked of getting married, "it was a bittersweet reunion," but he got another girl pregnant and married her instead (narrative of June 21, 1993).

Several birth fathers stayed with the mother during the pregnancy and helped out with expenses, but either insisted on adoption or said they wanted nothing to do with the child.

You have to choose, me or the baby. "June" came from an unhappy home and was anxious to leave, get married, and make a happier home than the one she had come from. When she met "Brandon" she thought she had found love and the way to make her dreams come true.

> When I got pregnant I was given the opportunity to have an abortion but I turned it down, as I wanted very much to have a baby. During my pregnancy, I was happy to be with child, even though no one else thought it was such a good idea. I moved away from home, as I could no longer stay at home, and my boyfriend said he would marry me. He never did nor did he ever intend to marry me. He paid the bills and only came around when he needed clothes. [Narrative September 12, 1994]

As she got further and further along in the pregnancy, he increased the pressure on her to agree to adoption. She finally agreed to go to the agency, which was in walking distance of the apartment. "I didn't want to, but I did not feel threatened because I had no intentions of giving my baby up for adoption" (September 12, 1994).

The counselor at the agency pretended to be her friend at a time when she was very lonely and very frightened. She did not realize until she was in the hospital and staff refused even to let her see her baby, that she had been betrayed by her "friend" at the agency who was going to help her. June had a very difficult birth and was continually in a state that she describes as "drugged." Someone in the hospital (not the agency worker) offered to let her keep the baby in the hospital for a few weeks while she recovered and got a place to stay and a job. "Little did I know that the paper I signed was a relinquishment form allowing the agency to keep my child. They tricked me; I couldn't read the form because I was too drugged and had to trust the hospital."

June is one of the mothers in the study who is adamant that she never signed a relinquishment to adoption for her child and that she was tricked out of her baby. The hospital attendants and later the agency kept refusing to let her see her baby or pick her up, telling her that they "had to get the paper work done." Weeks after the birth, they called, telling her that if she was not in court the next day, <u>with</u> her parents, she would lose custody of her daughter on the grounds of abandonment. They did not tell her which court, where, or the time. They also knew that she could not get her mother and stepfather to appear because they were completely opposed to her keeping the child.

The baby's father was killed a few months later in a motorcycle accident. When she retrieved some of her medical records twenty years later, she saw that he and his family had paid for part of her medical care and she knows that he had been in contact with the adoption agency because he is the one who set up the first appointment. [Information from letters and telephone calls 1992-1994]

"Karen" was also pressured into adoption by the baby's father. She, like June, was a minor at the time of her pregnancy. And like Ellen, was left out of the planning. Her boyfriend's parents "exploded" when they learned she was pregnant and accused her of trying to trap their son. His parents first brought up the idea of adoption and when she was five or six months pregnant, he brought the idea to her with increasing pressure. When she refused to consider adoption, he told her that he was leaving her for good unless she agreed to give up the baby. After a series of other losses and pressures from friends and family, she agreed to see the agency, but before that happened, her mother made arrangements through a doctor and a lawyer. In the hospital, when she was still quite drugged, someone brought her a pink box wrapped with a ribbon. She thought that her boyfriend had changed his mind and wanted to marry and keep the baby, but it was only a box of post-partum supplies from the hospital (narrative, July 1994).

Old enough but not loved enough. Some mothers are puzzled, even today, about why the birth father did not want to claim his child and marry. Why, in an apparently sound relationship, did the boyfriend refuse the child and the responsibility, even though the mothers had every intention of taking their share of the financial responsibility.

"Mary" waited for her "fiance" to have a change of heart, realize that she and their child were at stake, and say that he wanted to marry. He had a graduate degree, had already served a stint in the military, and had a good job. She, too, had finished college and there was no reason they could not marry and raise a family. Or, at least there was no reason that she knew of. But he did not marry her and instead left her to her fate.

"Rachel," too, was engaged (she thought) to the birth father at the time she became pregnant. They, too, had both finished college and were working on graduate degrees. The shame, the humiliation, and the heartbreak of being rejected under these circumstances contributed immensely to the vulnerability of these mothers, who were left alone to find a way to get through the pregnancy unmarried and unaided by the men they had believed would be their husbands.

It is possible that for fathers, the reality of parenthood does not begin until the baby is born. A child is not real to a man in the same way that a child is real to the woman who is carrying the baby in her womb. In most married relationships, friends and relatives and professionals account for this difference in timing and allow for the man's delayed reaction. An unmarried woman has no leeway. The fact that the impending responsibility is more real to the father than the baby is, provides those opposed to the marriage or those who are looking for adoptable babies the opportunity to apply pressure for relinquishment. By the time the father wakes up to the reality of his loss, the surrender will have been accomplished and the child "released" for formal adoption.

Mother grieves loss of baby and first love. For quite a few women in this study, the relationship with the birth father has never been resolved. He is still the first and sometimes only "true love" in her life. Whether the image they have of him is fantasy or reality, they remain in love with the father of their first child.

"Marsha" did not date until she was a senior in high school. She and the birth father had "dated for about a year before sexual intimacy," and then she got pregnant right away. "For some reason," she says, "I thought I wouldn't get pregnant" (narrative July 20, 1994).

Her parents thought that they were too young to marry and that adoption was the only possibility. She was sent to a maternity home and she and her boyfriend were not allowed to see each other again. In her narrative, Marsha emphasizes that at no time in the four months at the home and after the birth was she counseled about any alternatives to adoption nor about what it would be like for her to give up her child. "No choices were possible, as far as I knew. . . ."

> After I returned home, my family just never spoke of it again. Inside, . . . I was slowly dying. . . Never in my wildest dreams did I expect so much emotional and mental anguish as a result of the adoption. The social worker said that I should forget about everything and just start over. I'm sorry, it sounds good--but it is impossible to do. I didn't mention that this boy and I would have probably gotten married within a few years if this hadn't happened. I was grieving not only for my lost daughter, but also for the lost love of my life. It split us apart and we both eventually married other people, but we had something together that I will never experience again. [July 20, 1994]

Marsha got married three years later, to someone else, and has been married for 20 years. They have four children, ranging in age from 18 to five. "When I got married, all I wanted to do was have another baby--maybe I was trying to replace what I had lost or maybe I was trying to start over again like the social worker said I should. . . ." But "true

happiness was elusive for me and I just existed, meeting my children's needs and trying to just survive emotionally" (July 20, 1994).

For "Michele," the search for her daughter allowed a rapprochement with the birth father. As a child, Michele had two unhappy adoptions after her mother died, when she and her siblings were separated and adopted out. Her first adoptive mother was an alcoholic who sent her back to an institution; the second adoptive mother was trying to replace her own newborns (each had died) with an adoptive child. "I think she hated me because I was alive and her babies weren't." Michele says of the birth father that he was the man she "wanted to spend the rest of my life with. The first person I ever remember hearing say 'I love you'." His family also liked her and were "kind and very caring for me. They liked me for me, not because my Dad was rich and a doctor. I didn't tell them [about her family] for a long time. . . For the first time in my life I belonged." She and "David" did not date anyone else. They planned their future and that plan was to marry. But "we made a reckless decision and I became pregnant" (narrative October, 1994).

Michele was terribly ashamed and once more felt like the outsider; because of their "reckless decision," she felt she had lost her chance of belonging to a real family. Her adoptive mother had always told her she would never amount to anything. "You're a rat out of the barn and you'll never amount to anything. You came from the gutter and you'll go back to the gutter!" Michele hid the pregnancy as long as she could and saw "David" whenever he could get home. He was then in the Marines and stationed hundreds of miles from home. She hoped he would come and rescue her and the baby, but he never did. [She does not say how he felt about the pregnancy or why he did not insist on marriage.]

> It was a lonely agonizing time for me. Once more I was in isolation. I wanted this baby more than my own life. How could I care for her, was I good enough for such a small person who had no choice in being born? My adoptive mother's words grew louder each day. The decision between head and heart becomes a horrible war. At times when I felt strong I wanted to drive back to David's home and say, 'Look, this is what we've done. I love David. I love this baby and I can be a good mother. . . in spite of what [adoptive mother] said. But I didn't--to this day my greatest and most painful regret. [Narrative October, 1994]

The agency she found never asked her what she really wanted to do or counseled her about alternatives. "I was made to sign relinquishment papers in July, my baby was born in October." [Another frequently mentioned, but illegal, way to gain the surrender.]

Later, Michele and David went back together again, "a little older a little wiser. We never attempted sexual relations again. Scared I suppose. . . ." They were still planning on marriage, and school for David. However, Michele's adoptive father had other ideas. He enrolled her in a college some distance away. David knew that her father did not think he was good enough for her and even though she tried to keep their relationship going, she heard that David eventually married a girl from his hometown. She grieved and did not date anyone else for a long time.

Eventually, she married someone she knew she did not love but "in my people-pleaser mind I would work hard to make him a good wife and I suppose someday a mother for his children" (October, 1994).

Twenty-five years later, David got in touch with her again to tell her that his son had been killed in an automobile accident. They decided to search for their daughter and were successful, but the renewed contact brought up the love and the grief that she had tried to bury. "I still have a deep love for David. I have a vow and a commitment to my husband and of course I will honor that. David and I remain friends and talk on the phone."

"Maybe one day all hearts will heal," Michele says about the way their lives and their children's lives have been. "My challenge remains today, I will never justify giving my baby away and what I did" (October, 1994).

It has been surprising, in listening to the mother's stories that so few are angry or bitter about the birth fathers. They seem to take much more of the responsibility on themselves than seems warranted, considering that none of the fathers fought for their children or took an active role in giving emotional or material support to the mothers. Many women seem to feel that the fathers were as naive or as misguided as they were. This may be true. But the narratives indicate a far greater ambivalence about parenthood on the part of the fathers, and a cultural conditioning that pits the woman against the man. His buddies or his parents are very willing to convince him that he is being made a fool of or being "trapped." What might be the outcome if, in our society, the man who engaged in sexual activity was deemed just as responsible as the woman for the child who resulted from that sexual relationship?

In the women's stories, one feels, too, that they need to believe the best of their lost child's father. For their own well-being, it is important to feel that the men were as much in love as they were--that only because of insurmountable barriers, put up by others, did the men not rescue them from isolation and forced surrender. In the fairy tales, the prince always rescues the sleeping princess. In the life stories here, neither the man nor the woman safely make that first passage to parenthood, but to believe that the prince did not even try to rescue the woman he loves would add too much to the already heavy losses.

Most of the birth fathers disappeared permanently; of the ones who did not, only one agreed to be interviewed, so it is not possible to present both parents' perspectives here. Certainly one avenue that needs more research is to know what role social workers and other professionals played in separating the couples. Prior to a 1973 Supreme Court decision that awarded custody to an unmarried father, fathers were rarely considered by social workers or other adoption intermediaries and were frequently ignored as well as encouraged to break up with the young woman so that they could both start again.

Rather than assuming that the coming child belongs equally to two families and asking "what role will the birth father play," counselors and sometimes parents use the out-of-wedlock pregnancy as an excuse to break up relationships deemed unsuitable. They can "divide and conquer" by keeping the couple separate and convincing each one that the other one is not true, or not worthy, or unfit to be a parent. In one case where the pregnant young woman was sent away to a walled and distant maternity home, her family told her that the father had been stabbed to death. Yet he was alive and managed to get a message through to her, even though no real help got through the barriers.

As the social work histories indicate, in the era of most of these relinquishments, white women were supposed to be "redeemed through relinquishment," cured of their "psychological pathology" (made evident by the fact of unwed pregnancy] and made pure again for the socially-approved marriage that might occur in the future. Since the out-of-wedlock pregnancy was unacceptable, even the birth fathers who stayed around were also seen as unacceptable to parents and professionals.

The Families

Lack of family support characterized the childhood years for most of the women in this study. Chapter 7 delineates the high proportion of research participants who were "unmothered" and who experienced abuse in their growing up years. Whether or not this contributed in some way to an untimely pregnancy, the pattern of familial non-support continues through the period of pregnancy and beyond. Parental disapproval, punishment, shame and coercion contributed greatly to the pressures felt by the pregnant women to surrender her child to adoption.

Common reactions of the pregnant woman's family included 1) sending her out of town or out of state to a maternity home; 2) hiding her at home or with relatives; and 3) arranging the adoption without consulting with either the young woman or the baby's father. Decisions were made for the young people, not with them. In a few cases a woman left town without telling her parents or anyone else in order to spare herself and her parents the confrontation and the shame.

Banishment

All except four women in the study were pregnant and relinquished more than twenty years ago. It is not surprising, given the very high stigma attached to out-of-wedlock pregnancies at the time, that many parents banished the young woman from their homes and sent them to maternity homes or to friends or relatives in another town. Thirty women spent part of their pregnancy in a maternity home or a group home, and another five were sent to live with parents' friends or relatives. Only three lived with their parents during the pregnancy, and the public activities of these three were severely restricted. One woman, for

instance, reported having to lie in the bottom of the car on trips to the doctor, so that no one would see her. It was clear to each woman in this study that her pregnancy was a very great disgrace to the family. To the few who never told anyone about being pregnant, shame was the silencer. The choice was to "voluntarily" go into exile, or be sent there.

"Marianne's" father was dead, her mother abusive. "All through my childhood I lived in constant fear that I would not be able to please my mother and her anger and abuse would begin again." [Information is from 1994 narratives.]

In her senior year of high school, Marianne began dating a college student. When she became pregnant, they decided to get married. Her boyfriend gave her a diamond engagement ring and his parents were supportive. Marianne was able to finish the school term and graduate without telling her mother about her pregnancy. When she finally did, her mother "exploded in a fit of fury."

"What have you done to me, you are a whore for sure!" Marianne's mother took over, her actions shaped by her anger, rage, and hate. She refused to let Marianne and her boyfriend see each other again, and made immediate arrangements to sent Marianne to another state. She also arranged for the adoption, through the doctors.

Her boyfriend continued to write and his mother sent her gifts and letters of encouragement, apparently not aware of the plans made by Mary's mother.

"For some reason, I stopped fighting. I was led to believe I was evil and the decisions were not up to me. All of the plans would be made by my mother." [1994]

"Faith" is one of the six women who grew up with a reasonably close and loving with their parents. She does not feel that she was banished, but she relates that her family was shamed when she became pregnant. She and her sister went to a Catholic school and her sister transferred to public school because of the humiliation. Faith was sent to a nearby maternity home and was able to continue her schooling there. She was even allowed to see her newborn son for six weeks before he was adopted and she finished her classes at the maternity home. Hers is the most positive description received, both of the maternity home experience and of the family support that she received (from conversations 1992-1994).

One other Catholic participant reports that she came from a loving and close-knit family; she, too, was sent to a maternity home. However, hers was a punitive, harsh environment where even the other "girls" were unkind to each other (conversation, August 1994).

These two examples are included in this section on banishment because even the supportive families felt it was necessary to save face by sending the young woman away, and their decision was encouraged by church-related counseling.

The reactions of most parents were far more extreme, reflecting perhaps a combination of the social norms at the time and the already hostile relationship between parent and child.

"Gail" was 19 years old and in college when she became pregnant. The birthfather would have married her if she had insisted, but he made it clear that it would be in name only and not a real marriage.

> That was the beginning of the rejection I went through. When I went home to my parents, . . . my world came to an abrupt stop. It wasn't that I thought they'd be excited, but I wasn't prepared for

> their reaction. It was as if I had brought total disgrace and embarrassment to the family. Things were so different in 1969. Well, I was sent to live with my aunt and uncle. . . . My mother had decided that adoption was best for the baby and me. I had never known anyone adopted, much less anyone who had placed a baby for adoption. [letter January 24, 1992]

When Gail was sent back home after the birth, no one talked about it. "It was as if to even acknowledge that the pregnancy, birth and adoption took place would validate that I had any feelings."

> Well, for 17 years I told absolutely no one. I believed that if anyone knew "my secret" they, too, would hate and reject me. I attempted to atone for "my sins." In that time, I didn't deal with any of the feelings I had and I became engulfed in guilt. There was no one I felt I could talk to about the emptiness and pain I felt. I began to think I was different or crazy, to be feeling the loss after so many years. Everyone had said I'd get on with my life after the adoption. I guess to everyone, I seemed fine. But to myself, I felt almost dead, like a zombie, doing what had to be done, but never feeling right. [January 24, 1992]

"Nicole" mistook some of the signs of pregnancy for cancer and so did not tell her family until late.

> It was in April that I saw other signs of pregnancy and was too frightened to think about it. At that point in my life I really had no one to turn to for help. If I had a problem I had to rely on myself to solve it. I was too terrified. What was a sign of pregnancy I thought was breast cancer. My mother had died from breast cancer so naturally I thought I would. It took weeks to work up the courage to tell someone. [April 10, 1993]

When Nicole told a friend, the friend thought she was pregnant and urged her to go to a clinic for testing. The tests indicated pregnancy and she was offered an abortion, but the sonogram revealed that she was six months pregnant, not four months, so, "I never got to make the decision. It was already decided." [April 10, 1993]

> I didn't think it was so bad that I was pregnant. I knew it would be difficult and I had to tell my family. They had to know. Our relationships had been calm but not really there. I mean we never really talked and . . . everybody fended for themselves.

Nicole sorted through her options and her resources and tried to come up with a solution. She had been out on her own for some time and was not earning enough as a waitress in a coffee shop to make it. She

considered going to her boyfriend and living with his family, but when she went to talk it over with him, he had been kicked out of his house, was unemployed, and heavily into drugs. This left her father's home as the best option (from narrative of April 10, 1993).

> . . . I figured to take my chances at home, so I told my father that I wanted to stay home with the child. He near about hit the roof. He said he didn't want that shame brought into that house and he certainly wasn't going to care for her and that I had to give her up for adoption. I couldn't see being out alone again. Those years I spent on my own were too hard [Nicole was 17 at this time]. Even harder I imagined with a child. . . I really didn't know what to do, or who to turn to. I felt like there was no one to help me.
>
> My father told me if I wanted to stay in the house I had to give the baby up. He would tell everyone that I had married some guy in the Army who got shipped out and they were having the marriage annulled. God, I thought, this is 1978! We've come farther along than that. We all know people have sex. I thought sex was normal especially when you were in love with the person you were with. It seemed like everywhere I turned people were telling me I had to give her away, that it would be better for her and me; I could give her a better life that way. Well, I looked at my own life and thought maybe I can't provide anything worthwhile for her. I was becoming depressed and anxious. I was scared. I felt alone. . . .
>
> My friends stopped calling except for one. No one outside my immediate family was allowed by my father to know. I had to leave the house whenever my grandmother or aunt would come for a visit. My father was proud that he could be the savior with the solution, my sister had no opinion, my brother thought I was a fool. I was beginning to feel ashamed of being pregnant. Ashamed that I had screwed up. I was grateful for their continuing to talk to me and let me live there. My self esteem plummeted to the ground. [April 10, 1993]

"Della," on the other hand, did receive an offer of help from her father, after her son was born, but her relationship with her stepmother was so bad that she did not want her to know and did not, finally, accept the help.

Della had gone to another town on her own and had gone to great efforts to hide her whereabouts and get mail sent to and from another town and forwarded, so that no one would know about her pregnancy.

Not long after the birth, when her father and her brother found out about her son, her father "listened to me this time" [for years she had tried to tell him about the stepmother's abuse and the children's difficulties]. Her father offered an apartment he owned above his store and offered to help with baby-sitting while she returned to classes. Her father also suggested she ask the priest for advice, and there, she found that Catholic Charities could provide foster care for up to five years while she finished her education and got set up. She could visit him once a week. She was very tempted, as she loved her son and wanted to keep him.

> But the more I thought about it, the more I decided against it. I wanted my son to have a good, stable family life. How could he if he's going to be shifted from home to home? If I couldn't straighten out my life in five years, he'd be in an institution. There's no way I wanted that kind of life for my child. I told my father that I decided to sign the adoption papers. [1992, undated]

In general, the reactions of most parents were swift and punitive. The mothers of the pregnant women seemed to take it more as a personal insult, a reflection on their own character, as well as a great disgrace. Very few seemed to realize, until many years later, if ever, that they were forcing their daughters to give away their grandchild--often the first or only grandchild they would have. In a sense, the parents of the woman were like the birth father--distant enough not to understand the full significance of the pregnancy and relinquishment until too late.

"Jackie" is the only one who mentions that her parents may have understood, at least partially, at the time of surrender, although this did not soften their stance that adoption was the only choice. She describes the scene in the hospital after she gave birth.

> My mother and my father saw the baby after he was born and when I signed the relinquishment papers. It was obvious they loved him. My mother held him and just beamed. My father watched intently with great concentration as I held my son and then Mother held him. I asked him if he wanted to hold him and he just shook his head. He couldn't even speak.
>
> It was hard for them to say I had a son, because that would bring the reality home. So my father told me how the nurse held the baby when they looked at him and told him to tell his daughter that "she has a beautiful baby." My father could not tell me directly, "Congratulations, you have a beautiful son," so he put the words via the nurse's statement. Unknown to them, I viewed how they left the hospital after seeing the baby. They walked slow and stooped, with great sadness, as though they'd aged years. [narrative June 1994]

In summary, the failure of the birth father to claim his baby and the failure of the grandparents to claim their heir, their grandchild, was a supremely important loss to the mother. Without the support of these family members, the woman became quite vulnerable, in every way--emotionally and financially. The rest of the transformation from mother-to-be to not-a-mother occurred relatively easily, not from the mother's point of view, but from the perspective of those who wanted her to surrender her child.

In the next chapter, we examine the additional social, psychological, and material pressures that entered the transformation process.

CHAPTER 8
SOCIAL, PSYCHOLOGICAL, AND MATERIAL PRESSURES

The Adoption Program

By the post-World War II era, social work and psychological counseling professions defined socially unacceptable pregnancies as evidence of personal pathology. The pathway to cure and redemption for the single woman was the relinquishment of her child. She would then, the professionals said, be able to start her life anew, put the past behind her, and be eligible for marriage and "a child of her own." By definition, the illegitimate child was not her own.

This assessment of the problem as well as the recommended solution to it, fit nicely with the expanded demand for adoptable babies and the concern of welfare agencies that the rising tide of illegitimate births would put more demands on the welfare system. Adoption became the universally prescribed "solution" for American white women who became pregnant out-of-wedlock.

The table below shows the decades of birth for the women in this study, as well as the decade in which they relinquished a child to adoption. Most were born in the 1940s or 1950s and relinquished between 1950 and 1980. More than half became pregnant and relinquished in the 1960s, at the height of the "pathological pregnancy" period in which redemptive relinquishment was the cure. Probably it is no coincidence that this is also the first decade in which more sexual freedom was

espoused by some segments of the society. It was also a decade in which contraceptives were still difficult to get and abortions not yet legal.

DECADE IN WHICH MOTHER WAS BORN

1920s =	2	03.6%	1950s =	15	26.8%
1930s =	12	21.4%	1960s =	2	03.6%
1940s =	25	44.6%			
			Total =	56	100%

DECADE IN WHICH MOTHER RELINQUISHED

1940s =	2	03.6%
1950s =	9	16.0%
1960s =	30	53.6%
1970S =	15	26.8%
Totals:	56	100%

(For the four mothers with more than one relinquishment, the date of first relinquishment is used.)

AGE OF MOTHER AT FIRST RELINQUISHMENT

Ages	14 to 18 =	17	High School age	30.4%
	19 to 23 =	31	College age	55.4%
	24 to 31 =	8	Young adult	14.2%
	Total =	56		100%

Choice or Coercion?

The narratives of the women in this study are highly congruent with the recommended social policy of their time. What the social historians say was done is also what the women say was done. They were counseled, cajoled, and coerced into relinquishing their infants. The mothers frequently use words like "propaganda," "brainwashing," and "forced to surrender." Some mothers convincingly claim that they never agreed to surrender and that their children were "kidnapped."

Language is important here. It is important to the helping professions who were acting in accordance with official agency policy and the wisdom of the times. It is equally important to the women, some

of whom are well-justified in saying that they had no choice in the relinquishment. Women's descriptions of the events leading up to relinquishment provide abundant evidence of unethical treatment. operators. Evidence about baby-selling activities cited in earlier chapters, too, indicates that we have no reason to doubt what the women are saying and what they are learning about adoption practices as they search for a child surrendered decades earlier.

These are not stories where the blame for what happened is shifted entirely or sometimes even partially to others; rather they are stories of women who seem to have taken on almost too much of the responsibility for the situations that they describe. They certainly say that they were "brainwashed" or "forced" to surrender by people who claimed to know what was best, but they also blame themselves--for their lack of resources, their naiveté, and their inability to take effective action.

In *The Mind Manipulators* (1978), Scheflin and Opton clarify the question of counseling versus propaganda.

> Whether or not an event is "mind manipulation" depends very much on who is being asked. Those who "do" give different answers than those who are "done to." In our view, mind-manipulation techniques should be viewed as covering a spectrum. At the mild end of the scale are persuasion, propaganda, education, advertising and child-rearing. At the opposite end of the scale are torture, terror and brainwashing, events which unfortunately still fill today's headlines. What unifies this spectrum, from the barely effective to the irresistible, is the attempt of one person to influence another. . . . Precisely where on the scale permissible persuasion ends and unacceptable mind control begins is an unanswerable question, for the boundary line shifts with every social change. [1978:18]

Point of view and perspective can make a difference in how the same action is described and evaluated. Were the women coerced, as many believe, or were they counseled to do what was best for them and for the baby, as their social workers, psychologists, and family members prefer

to see the transformation process? Some larger questions arise from this, such as the role of pregnancy counseling itself and the hidden conflict of interests that are present when representatives of an adoption agency, or an abortion clinic, or a right-to-life clinic "counsel" a pregnant woman. There is a conflict of interest when a lawyer claims to represent both the pregnant woman and the adoptive parents, yet only the adoptive parents are paying clients. These are important issues that deserve more consideration than they are being given.

The point of the research was not to discover illegal adoptions, though that has happened. The point of the research was not to evaluate how much, if any, coercion took place nor to judge which person across the spectrum of special interests is telling the most "objective" truth. The point I want to make here, before going further, is that there is congruence among the women's narratives about what happened to them and how it happened. There is also a high degree of congruence between the women's accounts and social historians' summations of how unwed pregnant women were treated in the decades that are being described.

The research yielded surprisingly similar accounts, regardless of which agency, which family, or which region was involved. The arguments and the techniques that resulted in relinquishment were so similar that it sounds as though all the social workers and advisors were operating from the same manual. Perhaps they were. Even the family members, from one story to the next shared a similarity in response to the pregnancy. Whether from a social workers' manual or from a cultural script, recognizable patterns were followed and they emerge in the narratives.

The Transformation Process During Pregnancy

Shame and stigma are present at every stage of the transformation process. Sin and the struggle for redemption are other, closely related themes. Other factors that emerge from the stories of relinquishment are fear and helplessness, isolation, loss of identity, erosion of competency and self-worth, poverty and temporary dependency, and the appeal to motherly instincts to do the best for the child. These factors, in combination with ubiquitous childhood trauma and loss, and the failure of either the baby's father or the baby's grandparents to claim the child, were usually sufficient pressures for the mother to surrender her child.

Since these factors were not operating in neatly separated compartments but were interacting in often overwhelming numbers, I make no attempt to separate them out for presentation here. During the narrative analysis, I kept separate notebooks and sections within notebooks in order to assess the importance or the prevalence of certain factors. Here, it is more intelligible and more true to the narrative form itself, to present paragraphs as they were written by the mothers.

The Mothers' Stories

"Courtney" felt that she had made a mess of her life and she was determined to do "what was right, in the end." For her, that meant signing the surrender papers at the maternity home after her personal and material resources had been continuously, and finally, eroded.

> I guess it's ironic that I never thought of myself as a victim at the time I gave up my baby. On the contrary, I felt self-reliant, capable, and especially responsible. I needed to do what was right, and, if it was a hard choice ("a difficult decision" as they said), then it was because (I believed) I was

> sacrificing my own wishes and desires for the sake of my child and my family. . . .
>
> It seemed to me also then that there really were no other choices. It was as though giving up my baby was what was expected of me after having committed the sin of becoming pregnant. . . . Never mind that it hurt. It was time to grow up and take responsibility for my actions. And that was what I did. [Narrative September, 1993]

Courtney spent the last months of her pregnancy in a maternity home in another state; the "girls" were not allowed to leave the premises. When she found out, some six weeks before her due date, that not all of the women were giving their babies up, she asked the social worker to find out how she could keep hers. She had been self-reliant for some years and had the idea that she could manage and that eventually her parents would accept the idea. The social worker's response was that Courtney was not old enough to keep her baby and live in that state (the social worker assumed she meant on welfare; she did not). They would "have to write to your parents for their permission."

> I do remember the social worker who came to the hospital after my son was born. . . . She came into my room after visiting the nursery, and she was beaming with delight after having viewed the beautiful, healthy baby boy I had delivered. When I told her how much I wanted to keep him, she nodded in understanding but reminded me that I had no place to take him, no clothes for him, and no way to feed him. My heart ached and my eyes filled with tears--but I knew she was right. It was frustrating because she was the one who I'd given all my money to. [Courtney worked up until her sixth month and then used her savings along with her boyfriend's to pay for her maternity home care. They always made her feel it was not enough, even though the "girls" worked long hours, too, for their shelter.] . . . . I had an obligation to fulfill, a contract with the woman who had helped me during my pregnancy. [September, 1993]

Betrayal. In her narrative, Courtney said that she felt the social workers had tricked her, had betrayed her trust. I asked her why she felt that way.

> It was because I did everything they asked me to do, I invested in them completely. I trusted them and gave them the money. But, when I asked them to find out for me how I could keep my baby, they told me that they'd have to notify my parents if I did that. They said it as though it were a legal or technical matter, that they

> couldn't help--but my instincts told me that they were threatening to "tell on me." I felt betrayed because I had given them every cent I had, and I didn't know anybody else in that city who might help me. I lacked information and understanding regarding my rights. I was thinking of my baby in terms of him being a person then, and I really felt that I could take care of him all right if I just had someone to help me out. [December, 1993]

The slide to dependency. Courtney is typical in that as her pregnancy progressed, a dual process goes on. She is becoming more bonded to the child growing within her and is feeling more and more like a mother--a mother who can take care of her child. At the same time, she is becoming more and more dependent on others for her basic necessities. And the others have their own plans.

Courtney does not remember where she signed the surrender papers. "Maybe it was the home." A counselor talked to her about her "feelings" and told her she could write a letter to her son.

> When I started writing, it seemed like I couldn't write enough. There wasn't enough time or paper for me to say all the things I wanted to say. I told her that I was having trouble saying what I wanted to say when she came and took my writings to look at. But she just said, "That's okay, it's fine."
>
> Then we went upstairs and there were a lot of papers and someone "explained" them to me and asked if I understood that I was giving up all rights to my child, and that I was to have no contact with him in the future. I said I understood and then they showed me where to sign. [The social worker was standing behind her, with her hand on Courtney's shoulder, not, she felt, in a supportive fashion, but a threatening one.]
>
> . . . I do remember that I was feeling a lot of mixed emotions and when I picked up the pen, I thought I'd write Courtney "Coker" as an act of rebellion, or something. It just gave me a sense of being in control to write down the name they had pinned on me at the home instead of my real name. . . I don't know if they noticed or not. . . they picked up the papers real fast after I signed them, and then I was taken out of there. [December 29, 1993]

Small rebellions. The narratives reveal other small acts of rebellion, ways that the women found for asserting themselves, such as refusing to sign until the authorities let them see their baby, or give the baby a name. These may seem like small points, but the women's

narratives reveal the extent of their powerlessness and these small acts of resistance were important ways to maintain some self-respect. The "pregs" fought back in whatever ways were available, whether refusing to eat the oatmeal, sneaking out of the home for a few hours of freedom, or negotiating a look at their child.

The use of an alias. The use of an alias was a common practice in maternity homes and by lawyers, but none of the women in this sample felt that it was for their protection. It seemed another loss, another way of shaming and devaluing them. "Linda" reveals in her narrative another way in which the alias may have been useful to the authorities.

Linda's mother had contacted Social Services and got a social worker for her. The social worker immediately started talking about adoption, and the worker's part in the transformation process intensified as Linda resisted her adoption prescription. The final thrust involved the use of an alias. [Information from several narratives and letters written between 1988 and 1994.]

> I was told that if I did marry the father [she hoped that he would return and marry], that we could always have more children. I was told I would be very selfish to keep her. . . . The next six months of my pregnancy I was told this over and over again--to relinquish my baby--it was the best thing for her.
>
> I went to an unwed mothers' home . . . since my mother wanted me out of our small one bedroom apartment. I had no intention of giving up my baby. I made clothes
>
> Once I entered the home, I found all the girls there had plans to give their babies up for adoption. I soon found that when I would talk about keeping my child it would irritate the staff and those girls who planned to place their babies for adoption. . . . They told me to use the alias of "Linda Lou Jordan."
>
> . . . I surrendered my baby daughter when she was only three days old. I was told by my social worker that I would be very selfish to keep my baby since I was an 18 year old and unmarried at the time I became pregnant. She told me I would forget and this would all be like a dream someday, especially if I assumed an alias name during my pregnancy and did not name my baby or think of her ever as my child. It was supposed to be as though Linda Jordan gave

> birth to a baby while she was not married, and that I, [real name], would never have had a baby. I was supposed to go on with my life as though I had never had a baby at all.
>
> I realize now my baby and me were both used. The day I gave birth to my daughter the social worker came to visit me in the hospital. I asked her what would happen if I decided to keep my baby. She told me I had already signed my child's birth certificate under my alias name of Linda Jordan and I would have a difficult time proving I was really her mother. She told me I would have to go to court to prove she was mine. She told me if I decided to keep her I would not be able to get welfare, since that recommendation was up to her and she would not recommend it for me. She said my daughter would be placed in a foster home which I would have to pay if I wanted her back. Mrs. R___ told me I would probably lose her anyway because I wouldn't be able to support her on a minimum wage job.
>
> My family offered no support and did not visit me in the hospital. Therefore, I was the only one who signed the papers to let her go to a better life than I could have for her. [1990]

Progressive pressure. "Linda" now knows that her daughter died a few days before her first birthday, of multiple fractures of the skull caused by her adoptive father in an "accident." Her story of the progressive pressure used by social workers is very typical. If the woman seemed to be going along with the idea of adoption, the social worker remained relatively pleasant and appeared to be concerned with her client's welfare and that of her baby. But when the young woman tried to resist, the social workers often resorted to threats, lies and additional reinforcements. This social worker was friends with the prospective adoptive grandmother.

Other weapons. When "Rachel" resisted the pressure for adoption, she was sent to the county social services psychologist for weekly visits, in addition to the "counseling" from the social worker and the pressure from the work home that she was in. The psychologist told her that it was only her own need for love and her own recurring fears of abandonment, conditions left over from childhood, that made her want to "hang on" to her child. It was a "neurotic" need of her own, not real

love. That if she loved her child, she would do what was best for him and give him up.

In Rachel's case, the agency arranged housing with a doctor and his family, where she worked as a domestic servant for no pay. When pressure from the social worker, the psychologist, and the doctor had not succeeded, the social worker appeared the morning of Rachel's son's birth, when she was only one hour out of the delivery room and demanded that she sign papers giving custody to the agency.

When Rachel tried once more to resist, the worker said she had no choice unless she could pay all the medical costs for herself and her baby. Having been reduced to total financial dependency by the time of her child's birth, she had no way to fight this last manipulation, even if she had had the emotional and physical strength at that moment. [1994 narrative]

The social workers had other weapons, too. "Ellen," the woman who was sent to the "high-class" home relates how her social worker controlled the situation through threats to make Ellen a ward of the court and to have her judged "mentally unstable."

> I was taken from the "home" to their affiliated adoption agency to speak to some kind of counselor, an adoption facilitator I suppose; she was forcefully cold and without sympathy and severely irritated that I was not "toeing the mark," but instead was crying uncontrollably and insisting over and over that I was keeping my baby. I was supposed to have been well indoctrinated and broken prior to coming to this place, I am sure. She angrily ordered me to be quiet. . . then she informed me that since my parents refused to have me in their house, if I persisted in not cooperating I would be made a Ward of the Court.
>
> I knew my baby and I did not belong in a maternity home in Chicago. And the prospect of being declared a Ward of the Court in that huge city is a daunting thought even now--that such a threat was made to me, an upper middle-classed 19 year old, proves how disenfranchised a single, pregnant woman was in those days. [Narrative, June 1993]

Bringing out the big guns. Later, Ellen "quite literally escaped" and made her way back to her home town and forced her parents to take her in. However, their first step was to take her to yet another counselor.

> My "counselor" was Mrs. B. She pretended to be nice to me--nobody had been close to nice to me for months, and no one was nice to me even a little bit for years thereafter. Now I understand all too well what she was up to, that she was an adoption worker; no one called her that then. And I honestly believed I had rights and that I counted, too. Her method of counseling was to counter anything I said by repeating over and over that I could never, ever hope to take care of myself let alone a baby. No mention was allowed of the fact my baby would grow up or that my circumstances might change. [Ellen now supports two teenagers and a disabled husband.]
>
> She demanded Life plans from me; I had none beyond "I love my baby," which was not good enough. She liked to remind me frequently that my mother wanted nothing to do with my baby and that my boyfriend was long gone. And of course, she regularly brought out the big gun: If you love your baby you will give it away.
>
> By now I was severely upset and depressed. This was used against me. I was "emotionally disturbed." Mrs. B. enjoyed telling me this. My mother took me to her psychiatrist, who became disgusted when I cried and attempted to talk about wanting my baby. He said I was schizophrenic. He said being mentally screwed up was hereditary so my baby would be screwed up too and I was lucky to be getting rid of it. For years thereafter, I waited to be debilitated by this terrible mental illness. Nothing happened. After about 20 years, I looked around and saw with amazement and anger that I was the strongest, sanest person I knew! [June 1993]

After her son's birth, Ellen still had some resistance left, but she, too, deplores her surrender. She describes how she was asked to fill out the birth certificate application by a "candy striper" volunteer.

> I kept writing in the birth father's name in the father space; the old woman kept tearing the applications up, but I just couldn't seem to understand why. Finally I realized I wasn't allowed to write my son's father's name on his birth certificate. I did it the way they wanted. Why? Why didn't I refuse to do it at all? [June 1993]

No consideration, no information. The single most common complaint about the "counseling" the women received is that their wishes were completely disregarded. Their capabilities were denied, they were

manipulated and coerced, they were given only the information the social workers wanted them to have and yet had few, if any, ways to find out what they needed to know, because they were confined.

No freedom of information. None of the women in this project had received information about alternatives to adoption, nor their right to refuse to sign a relinquishment. They did not know the law, and the social workers, if not actively preventing access to knowledge, did not offer any useful information for resisting adoption.

None of the women received a copy of papers they signed. Some were able to get copies 18 to 40 years later when they were initiating a search or trying to come to terms with what had happened--or to verify agency claims that they had signed when they had no memory of signing a relinquishment. Not many succeeded in getting copies. Private agencies and intermediaries claim that they are exempt from the Freedom of Information Act.

> About a year after surrender [says Ellen], in unspeakable emotional agony, I returned to the agency, seeking help. They had been instrumental in sentencing me to this horror . . . certainly they could help--they owed me help. Mrs. B. had retired they said. I was assigned to a young, evidently new, counselor. She was visibly upset as she listened to me; I waited for her "words of wisdom." Here is exactly what she said: "Feeling the way you do, you should have been helped to keep your baby." I left and never returned--what else was there to say? [June 1993]

In recent years, Ellen has tried to get copies of her records.

> The agency now refuses me my own counseling records, supposedly because of "adoption secrecy." It's easy to figure out the real reason. Currently, I'm trying to get the records from the Court. Funny feeling, knowing strangers have probably gotten a good look at those recently, yet will probably deny my request. Will I ever be an equal adult American? [June 1993]

Maternity home camaraderie. One positive aspect of the maternity home experience which a few people reported (but others did not seem to share) was the chance to share experiences and friendships with other

young women in the same situation. In her first narrative, "Sarah" said that she had "many tales from that home. The support of being with other 'pregs' helped, but basically we were treated like servants at best, slaves at worst in that home." I asked her to expand that description if she wished, and in the second narrative, Sarah describes the companionship and the black sense of humor that helped to see them through.

> Recalling life in the . . . home is recalling life under petty tyranny. Mrs. M. ran the home from day to day and lived there. She must have been in her late 50's or 60's as was Mrs. O., who was the real power but only showed up from time to time. Mrs. M. would throw a full-blown screaming tantrum if she didn't like the way her soft-boiled egg came out or if there were wrinkles in her bedsheets. Then there was Nurse S., an LPN, whom I can still impersonate as she wandered aimlessly trying to find "C.C." the cat. She may not have had Alzheimer's, but did a good imitation.
>
> There was also a very strange social worker, Miss H. She seemed like a woman who'd NEVER had any direct sexual experience. I remember one of the tougher girls telling us about the stories she made up about wild sexual exploits to relate to Miss H. so she could watch her squirm and get turned on. Talking with her seemed perverted. I doubt that anyone ever really confided anything to any of these women. Fortunately we had each other. We were pretty tight knit and protective of one another, I suppose like inmates in a prison camp. . . .
>
> There was a lot of caring and creativity among the pregs, which is how we referred to ourselves. I remember one girl dressing up for Halloween as a pumpkin. The worst time was Christmas. Some women's group gave us all identical gifts of soap, toothpaste and toothbrush. . . . There we all were, hiding from friends and family, being given a little lesson in basic hygiene. "Gee, if only I'd known to brush my teeth, maybe my lover would have stuck by me!" [Her boyfriend's parents "sent him for a year to the Sorbonne so he wouldn't be upset and involved. I got one chatty letter about Paris."] [Narrative, July 6, 1993]

Sarah sought out an Episcopal agency to handle the adoption because "I naively thought that they'd give my child to an Episcopalian couple, which seemed like a safe and stable religion to me."

> It was the agency's normal policy to wait three months before placing the child. Nowadays I hear that described as their way of guaranteeing that the choice to relinquish was deliberate. Bullshit! I was told that in that amount of time, they could tell if the child was suffering from developmental delays or other

> problems. Nobody in the agency talked to me about any options, any way to earn a living and survive. All I got was the standard "If you really love your child, you'll give your baby to people who can provide a good home and two loving parents." I've always had the feeling that if something had been wrong with my daughter then I would have been good enough for her. [July 6, 1993]

Mixed-race hard to place. Sarah says that attitudes about birthmothers did not change much between the birth of her daughter in 1961 and the birth of her son in 1968 [when she was married]. This episode points up the racially-defined nature of counseling.

> I remember overhearing a social worker berating a distraught woman in the room next to me at Walter Reed in 1968 when my son was born, arguing for her to keep her child because it was of mixed race and would be hard to place. I told her my story and offered to let her stay with me. My husband had just gone to Vietnam. . . so I could afford to be charitable. She eventually told her parents and kept the baby. The incident made it clear how that the lack of sympathy and support for birthmothers hadn't changed. [July 6, 1993]

Recurring nightmares. Sarah suffered from depression, insomnia, and recurring nightmares after relinquishment. She describes one kind of nightmare, which I include because it also describes the feeling some women describe from the maternity home.

> I was a restless sleeper and had several recurring nightmares--having to drive a car when I didn't know how to, men or animals breaking into my house. These I chalk up to the sexual abuse [incest]. Once I relinquished my daughter, I started having other nightmares. Many were about losing children; they would just slip away or I would set them down some place and be unable to find them. Sometimes I was hunting for small hurt animals or looking for a particular wildflower in a field.
>
> The feeling in these dreams was reminiscent of feelings from the Florence Crittenton stay--bleakness, confusion, emptiness. Sometimes I was wandering, looking for something and not knowing what I was looking for. These dreams all ended with the reunion with my daughter. Now that I've dealt a lot with the sexual abuse, confronted my parents, etc. I can fall asleep and nightmares are much less frequent, but more specific. [July 6, 1993]

The bleakness and emptiness referred to in Sarah's narrative leads to another common element in this transformation process, and that is the apathy and passivity that so many women describe. Some women have been at a loss to understand why they would have become like "zombies"

just putting one foot in front of the other, waiting. Why did they not do more to fight, why did they feel as though this was happening to someone else, that it would end, that it was not real?

Sleeping beauty has no rights. "Mary" has said that she "slipped into Sleeping Beauty mode," was "deadened." In describing the healing that she has experienced since meeting her relinquished son [who is 31], she says that the difficulty now is that once more her family has rejected her and her son and she is hurt and confused, "but this time, my son, too, is confused."

> It is so hard to explain why. I am not sure I know why, except that my brother did say to me, "You have no right." It is almost as though we (women) are still chattel property, without human rights (legal status) unless we have husbands. I'll never forget the complete silence that descended in the hospital when the attending physician inquired for my husband's name. "No husband," I said. . . .
>
> The rest was sleepwalking, indifference, disbelief, probably some degree of schizophrenia so that when I saw my newborn son, I felt he was not mine. He was and he was not. I had become detached from myself; I had become a ghost of myself. I was, after all, in a strange city, depending on the kindness of strangers. The entire experience evolved as if in a dream. When I signed the papers, the dream would end. I would wake up in my own city; I would see my family and friends. I would tell no one the story of loss and betrayal. [June 18, 1994]

Mary's son was born and surrendered in 1963. Mary was older and more educated at the time of pregnancy than most of the women in the sample, but the "deadening" and the rest of the transformation process was similar to the others. She, too, felt fear, anger, and shame--and kept silent. The following is from a November, 1990 narrative.

> To have borne the child of my desire, to have trusted in the sacred bond of sex, to have hoped for an ordinary life--a husband and family--made me a typical woman of my generation. However, there were no rewards, no praises, no joys to experience the effects of unwed motherhood. There was fear, anger, shame, and misery every minute of every day as I awaited the lover who never came, as I awaited the family who never called, as I awaited the word from my several counselors who would urge me to claim my son, my life.

> In those days, there was a conspiracy of silence. I, too, played my part. I played it very well. I quit my job, I moved to a strange city, I pretended I was someone else. I created a new persona, a Kelly Girl, a temporary office worker who lied every day about her husband abroad in the Air Force, about a married life, about a promising future. Weekends, I went to church to pray, to meditate, to absorb the meaning of a precept from my Catholic childhood: "Not my will be done, but Thine, O Lord."

Mary prayed for strength, courage, and wisdom--but in the end, she says, "it was fear that won."

> I felt afraid to go into the world as an unwed mother. It was a world where the word "illegitimate" still applied, affecting the legal status of the child and the social status of both mother and child. In those days (and still), most men preferred to marry a virgin. A divorcee could be ridiculed and shunned. Not many men chose to support another man's child, especially one born out of wedlock. Finally, how was a woman without a husband to support herself and her child, and where were they to live? These practical economic considerations fell outside the circle of love and, in the end, obliterated my animal need to nurture the child born of my desire. Desperate people do desperate things. [November 1990]

Fictional husbands and rejecting employers. "Rachel" and "Lorraine" both chose much the same strategy as "Mary" to get through the pregnancy: both went to a strange city and worked for Kelly Girl or the equivalent and fabricated husbands who would come for them soon. The military was a good place for missing husbands. The religion was different; rather than praying to the Virgin Mary, Rachel and Lorraine prayed in Protestant churches, for much the same strength--and felt much the same fears. If no one would hire them as a pregnant, single women, who would hire them as a single mothers? Who would allow a single woman and her baby to rent a room? One would have to keep the child a secret, but how was it possible? Especially from a landlord?

The scenarios described so vividly by the social workers might well be true. Bastards raised by outcast women living in empty dark rooms. Would a woman who truly loves her child risk that? Towards the end of the pregnancy, these women, too, just as the women confined in

maternity homes and the women sent away to live with relatives, seemed to give up, become passive, lose their fight--turn inward and wait.

Learned helplessness. Martin Seligman, in 1975, introduced the term "learned helplessness" which may help to explain that apathy.

> He noted a state of apathy which may be induced experimentally in animals and which is similar to some states of depression occurring naturally in humans. He described experiments in which dogs were subjected to electric shocks without the possibility of escaping from them. After a time the animals became inactive and submissive, lost appetite and failed to escape from shocks which they had previously known how to avoid.
>
> Seligman suggested that depression in humans could be caused by the repeated experience of being unable to act in such a way as to achieve a desired outcome or to avoid emotional trauma. Such experiences in childhood may predispose an individual to depression, whereas the development of a sense of control over the environment may render him immune. [Harre and Lamb, 1986:139]

In *The Psychology of Control*, Langer (1983), notes the same reaction.

> When a person notices that protective actions are having little observable effect in bringing an end to an extremely disagreeable experience, his or her initial reaction is usually an upsurge of anger and protest. If the person's efforts to regain a sense of control continue to be thwarted, he or she is likely to become demoralized. After that happens, the person copes less effectively and ultimately develops profound feelings of helplessness and depression. These extreme reactions, which are usually accompanied by apathy and social withdrawal are pertinent to mental health and physical health. . . . [this] malignant emotional sequence. . . not only increases subjective suffering but also impedes physical recovery and sometimes leads to untimely death. [Langer 1983:10]

Erosion of independence. Certainly, the women were losing what little power they previously had to control their lives. For most, the losses they were experiencing during pregnancy were emotionally similar and equally traumatic as the losses they had already experienced in childhood. Even the women who had been relatively independent and had learned to manage their lives competently prior to the pregnancy, found their normal independence and competency continually eroded by the humiliations, the shame, and the economic difficulties of unwed

pregnancy. Lorraine describes the sequence of events that eroded her independence.

> I left high school after three months [of pregnancy], made my own plans without telling family or friends, and went to a distant state, with the cover story of working on my "journalism career." I found a good secretarial job in the national headquarters of a large insurance company. I also found a job doing kitchen work and baby-sitting, in exchange for room and board. But in a few weeks, although I was an excellent and promoted employee, I was called in and asked if I was pregnant. When I (meek and scared) said yes, they fired me. The family I was living with also discovered it, and didn't want to get involved, so I lost that place to live.
>
> So I found a job typing address labels for a direct mailing company, and an upstairs room in a house to rent. I sat at my portable typewriter for 16 hours a day, typing rolls of address labels. I did not want to live with those "other girls" who roomed at the unwed mothers' home [so she paid the fees to get medical care and counseling, but did not live there]. [Narrative 1992]

Rachel's job experience and loss of independence were very similar. The company fired her when her pregnancy became noticeable. Until then, she was working every day, living in a rooming house among strangers, and claiming that her "husband" would be returning from overseas duty soon and they would live together. However, when she was not allowed to work, she had to look for help elsewhere. The yellow pages in the telephone book yielded an agency that promised "help" for pregnant women. Not until too late did she realize the unstated price she would have to pay for the agency's help in finding someone who would allow an unwed mother to live with them. The explicit exchange was only to be her labor in exchange for room and board.

Abortion clinic a better experience than adoption. "Darien," who also feels misled by the advice and help she received, compares her relinquishment experience with an abortion experience. This statement came after reunion with her relinquished son, when she was trying to

sort out the "incredible anger and renewed grief" that she was feeling. This is what she says.

> I started to understand where my anger was coming from, that bearing a child for someone else like some kind of farm animal, is a grotesque and unimaginable violation of a woman's sacred self. Sometimes I think the heart of my anger is I could have had an abortion, and I didn't. What a stupid, stupid uninformed choice I made. "I believe in the sanctity of life," and the truth is--I do. To this day, I won't even kill an ant. But I have subsequently had an abortion, and let me tell you it was one of the best experiences of my life. I reasserted control over my own body, my own life. It was not sad, it was not tragic, I felt no grief, guilt or loss. I enjoyed every minute of it, and felt privileged to be in that abortion clinic. Maybe I'm a murderer, but if I am it was one of the peak experiences of my life. I wanted to get pregnant so I could do it again.
>
> . . . I believe I made a very uninformed decision in going through with the pregnancy (the first one). I was lied to by everyone about the consequences of the path I was on, both for my son and myself--the "loving option," the "adoption plan,"--same horseshit, different terminology. And I didn't intend to surrender him to adoption. I went to the . . . home looking for help because I had heard they helped "unwed single mothers." I thought that meant they helped them with day care and getting an education.
>
> It almost makes me cry to think how naive I was. I had no idea it meant the "them" they were really helping was the infertile adoptive couples who paid the bills. If anyone had ever acknowledged the value of my love and blood ties to my son and my own strength and potential, this would never have happened. Adoption is a permanent solution for a temporary problem.
>
> Whenever anyone tells me how I should have sympathy for the grief of infertile couples my reaction is "If you feel they deserve a child to relieve their pain, you get pregnant and give them your newborn infant. After you've done that, then you'll be in a position to tell me you really believe they are entitled to take someone else's child. [August 4,1994]

Religion and rules. "Lorraine," the woman who ended up typing labels to earn a living, had become pregnant because of date rape, and she later married her long-time boyfriend--the boy who raped her. She, too, is angry, although she would never have chosen abortion for the first pregnancy or any subsequent ones. She is angry at her boyfriend, now husband, but also angry at her counselors, unable to understand why

no one guided them through their obvious naiveté with any wisdom or compassion, or even common sense. [narrative, 1992]

Her boyfriend had come to the same town, late in her pregnancy, to be with her. He got a job and rented another room in another neighborhood. "We would have never thought of or approved living together before marriage." Lorraine felt for sure that "now I had to marry my boyfriend, because in God's eyes we were already married." She cannot understand why one of her counselors did not suggest that if they were still together and still planning on getting married "when they were old enough," that they might as well marry when she was pregnant, not later. Was 18 a magical age for marriage instead of 17?

> I am angry at the social worker. . . who agreed to my only demand that the child be placed with a Bible-believing family, preferably Baptist. She later wrote to me they were Lutheran (untrue). I am angry at her for not trying to work with us and urge us to marry, perhaps bringing in a pastoral counselor in that distant state who would know how to tell us this was and would always be our child. . . . I am angry at a social system that separated families. [narrative, 1992]

Because of her intensely religious nature, it was extremely important to Lorraine that her wishes about her daughter's religious upbringing be respected. After she found her daughter, she eventually discovered that her daughter had been raped at 13, and had been sexually molested and "used" during all her teen years--and had never been in church. The adoptive mother was Jewish, but non-practicing; the adoptive father had not been to a church of any kind since he was 12.

Shame dominated. For Lorraine, almost all of the factors common to the majority of "transformations" to non-mother were present except that her boyfriend did not abandon her. The two of them were just very naive and inexperienced about the world, and specifically about sex. ["At 17,

we could not legally marry, and were too ashamed or scared to tell our parents or church.] Throughout her story, shame seems to have been a deciding factor. Here is one of her comments:

> "Shame" seemed to be a prevalent emotion in all three births. I had told no one but the birthfather about our first daughter (born in a distant state), and it was a secret. Then when I walked into the hospital for the birth of the second child in my home community, the nurse assigned to me was a friend from church! I was horrified and would have walked out if I could, knowing she would see the episiotomy scar. As I went under anesthesia, I heard the medical team laughing, "Pretty fast for a 'first' baby! Hahaha." But no one mentioned it later. Living far away for the birth of the third child (husband in military service) I felt embarrassed to be sending birth announcements, thinking people would wonder why we had another so soon. [1992]

She says that they did not know anything about birth control. "I thought God sent children when He wanted them." Even after she was married, she says the doctors in the military service were forbidden to talk about or prescribe diaphragms (1950s). They referred her to a private doctor in town who prescribed one after their "second" [legitimate] child was born.

Mind versus emotions. In Mary's story, the "sleepwalking" facet of that period of unwed pregnancy and anxiety was prevalent--the feeling of being a zombie, or waiting for the nightmare to be over. There is another psychological factor that should not be ignored and that is the splitting off of mind from body, mind from emotions.

"Karla" describes some of the contradictions that lead to this compartmentalizing of sex, love, and kinship. Counselors at a private adoption agency, a Catholic priest, medical personnel, and family and friends all told Karla that "adoption was the only decent option for my son, that he would have a wonderful life if he was adopted." [July 1994]

> They also said that if I kept him that he would hate me because our lives would be miserable, due to my unwed, unwholesome, status. Keeping him was out of the question anyway, as I was

> totally alone, penniless, homeless, and still not even legally an adult. I was also not in very good health. [At 18 she suffered acute appendicitis which had turned partly gangrenous, causing an abscessed kidney. Then during her pregnancy, her thyroid failed, became diseased, and "grew a huge tumor" which was removed in her 8th month of pregnancy.]

Intellectually, Karla could see that adoption seemed like the best choice, even though she did not want to relinquish. But when her son was born, something else "kicked in."

> It was almost natural childbirth. I was awake and did not receive a spinal block until my baby was almost out! I saw my son, as he was born, I heard him cry--a high, piercing shriek--and I looked into his face and recognized him as my son. I also knew immediately that he belonged with me and I would not give him up. This decision felt right. [Narrative, July 1994]

Karla renewed her efforts to find support for this decision to keep her son and to find ways that she could earn a living. Her parents response indicates the contradictory messages that women were supposed to internalize during this time of decision.

> I sent my parents a letter telling them that I loved my baby and it was hurting so terribly to give him up. They responded with a phone call saying that my relatives could adopt him, but we would all have to lie and say that they had gotten him from an adoption agency and that he had been born to a stranger. My father reminded me, again, that I had sinned in conceiving this child and that the pain I was feeling was the result of my sin. But then he also said that he wanted to set aside some money for "this boy's education." Nothing made any sense to me. My parents did not want to see their grandson but they wanted him to go to college!
>
> . . . [Additional conversations with her father only resulted in more anger, and condemnation for her sin.] At that moment I just gave up and went sort of numb. I did not want to lose my child, but I had no way to keep him and my family regarded him as an embodiment of shame.

Karla did not want her son to be the family's "dirty little secret." And she began to believe what others were saying--that "I really was the piece of trash that unwed mothers were supposed to be. . . and that any contact from me would be harmful to him."

> . . . One day, I got a call from the adoption agency saying it was time for me to go in and sign relinquishment papers. I felt like a robot as I went in and signed the papers. The caseworker told me

that in time I would forget my child, and that the pain would go away.

> Giving up my son felt completely wrong, like a crime against nature or a slap in God's face. I really believed, in my head, that I was doing the right thing for him, but it never felt right. Not ever. And I was never comfortable with it. Every day I felt anxiety about his welfare. I always felt as if there was something I had to do, but I wasn't doing it. I tried psychotherapy because I was depressed, but it didn't help. . . . Our culture has made adoption into a kind of sacred icon and people do not want to know that it causes pain. [July 1994]

In Karla's case, shame was a stronger factor than kinship. Ambivalence was apparent in her self, her family, and in others who counseled her or tried to find solutions for the untimely pregnancy.

"Annette" also talks about how adoption made sense to her, but never felt right. Her mind was disconnected from her feelings.

> I was deeply affected by the loss of my child. Naturally, this came as a complete surprise to me, the willing birth mother extraordinaire. I'd totally convinced myself this was the right thing to do. It all made sense in my MIND. It took the experience of giving birth for my FEELINGS to become engaged.
>
> Immediately after the birth, I felt an extraordinary sense of my daughter as a living soul and of our incredible life connection. I knew that she was the flesh of my flesh, and the blood of my blood. I realized for the first terrible time that I was her connection to the human race and that to break that bond would harm her and go against the law of Nature.
>
> This potent, awful realization forced me to grow up immediately. In a flash, I saw that I WAS responsible for my child's welfare. I couldn't just obliterate her birthright--her history, her blood connections. I could not just "give her away" and walk away and forget about her. No way! I had brought her into this life, and I owed her her history and her family connections. . . . I looked for a way to keep her, but all the doors were closed, the arrangements had been made. . . . [July 16, 1994]

All of the agencies and lawyer and doctor intermediaries made arrangements as early as possible and certainly long before the birth itself. All continental states currently require that a relinquishment not be signed until the birth, although this seems to be easy to get around. In addition, the policy at some agencies and hospitals was to prohibit the mothers from seeing the infants at or after birth. A few

even had visual barriers to prevent them seeing the child at birth. Others were unconscious for the birth and upon awakening had great difficulty even getting someone to tell them if the child was healthy, and a boy or a girl.

It is easy to see why this "no show" policy might be put in place, since for some mothers the decision that seemed intellectually right was threatened by the overwhelming emotions that flooded them at first sight and touch of their infants.

This conflict between mind and feelings comes out even in the narrative of the one mother who feels that adoption was the best decision for her and her daughter.

Only my selfish will allowed me. When "Alice" became pregnant, she was in college. Alice had held on to her dream of getting a college education through the years after her mother died. Choosing adoption was right for her because she could not risk completing college. Her closest friend, and the one whose mother let her "hide" at their house during part of her pregnancy, committed suicide when she was eight months pregnant. Alice does not say whether the fact that he was illegitimate had anything to do with her decision, although she did name her daughter after him. She "knew" adoption was right, but she felt torn, nonetheless.

> . . . . Then I held her for the first time and the full responsibility for the act I had committed lay upon me. I almost cried. I imagined that she looked much like I had when I was born . . . . The first time she lay in my arms a bond passed between us. I felt that I had been given a second chance and that I didn't want to give her up but watch her grow into the type of person she deserved to be. . . . This feeling lasted until the first feeding. She was as much a problem child as I had been. She wouldn't eat but looked at me with her big brown eyes and smiled. Like most mothers, we don't believe that it's gas that makes the smile but that our babies recognize us. It's a fond illusion at any rate.

> . . . A peaceful two weeks I did not have with her. But I learned a lot. I was swayed between a desire to keep her and the knowledge that I could not. I was too much a loner by nature and didn't want to be responsible for a child. It was too overwhelming and awesome a responsibility for me. The fact that she would be scorned because of her birth played only a small part in my decision.[July 1993]

Because Alice remained firm in her decision to relinquish [as far as her social worker knew], she was allowed her request to take her daughter herself from the maternity home to the agency for signing the papers.

> Two weeks from my delivery date, I held her in my arms during the trip, which she slept through. Reaching the agency, I walked in with her and sat with her and filled out the papers with her beside me. It was like selling someone into slavery. Only my selfish will made me complete the transaction. Finally, another worker, a young girl, approached to take my child. As she took her she asked if I was another worker. I told her no, that I was the mother. She was startled but said nothing. I think that she probably thought that all unwed mothers are whores. I don't think she had ever seen one before. [July 1993]

People do seem to hold stereotypes about birthmothers and to have a hostility that is difficult to explain. Throughout her narrative, Canadian birthmother "Ruth" grapples with the cultural contradictions that face birthmothers there in much the same way as in the United States.

Cultural contradictions. "Ruth" was 25 when her first son was born and the father did not want to take financial or other responsibility for his child. Ruth went to a western province to an aunt's home, to give birth. There, the aunt contacted Children's Aid Society and the "adoption program" transformation began. Ruth had not even considered adoption. She felt that at her age, she might not have other opportunities to become a mother and since she was independent and a working person, she intended to manage the best she could and to raise her child herself. However, over and over she "heard variations of the theme that the good parent is the one unselfish enough to relinquish

control of the child." Not only could she get no one to help her develop a plan for keeping him, but the social worker "against my wishes and without my permission" filled out the questionnaires needed for adoption and kept writing notes during her interview, which Ruth did not give her permission to write. Ruth feels that she should have been given information about possible sources of aid, since she repeatedly said that she did not want to give up her child to adoption. She also thinks that she should have been allowed to see what the social worker was writing about her. [This and the following information from narrative received March, 1993]

Ruth noticed such contradictions as the social workers playing down the importance of genetic inheritance, yet mentioning how one young adopted child had inherited such a good disposition from its mother. And her aunt, who never changed her mind about adoption being best, told her one day that she loved her. "Why?" said Ruth. Her aunt responded that "blood is thicker than water."

By the time her baby was born, Ruth still had not been able to figure out how to support the baby. She had not been able to find a place that would allow both of them to live, not even to work as a maid, and so she relented and signed. When she returned, things had changed.

> In the summer of 1978, I went back to the city in which I had given up my first son for adoption. Miss W. had retired, but I talked to another social worker at the agency, a very friendly woman. She told me that adoption was not always the best solution which left me wondering at what point in time it has ceased to be so (a little late for me, unfortunately). She appeared to agree when I said it seemed to me that back in the fifties the CAS had been little more than a baby exchange. [1993]

Tired of being a scapegoat. To Ruth, birthmothers have been made the scapegoats in society. She believes the guilt should be shared.

> Nowadays, some people seem to think that birthmothers should feel guilty for having given up their children for adoption. Yet, at the time, I was made to feel guilty for wanting to keep my baby. If there is any guilt in adoption, it should be shared by those who forced our backs to the wall. Perhaps the social workers thought that they were helping unmarried mothers by encouraging them to keep their illegitimate pregnancies secret, but it could be argued that, in doing so, they were catering to the prejudices of a patriarchal society which, traditionally, has feared the sexuality of women. It seems to me that birthmothers are expected to be the scapegoats for the sexual guilt of society and I, for one, am getting tired of being a scapegoat. [1993]

With these extracts from the narratives of mothers who relinquished a child, we can see some of the recurring themes, the internal and the external pressures that contributed to the transformation from mother-to-be to a mother who is not a mother.

Summary of Pressures to Relinquish

The stories in this chapter enable us to understand the process by which a pregnant woman becomes more and more dependent and more and more vulnerable to pressures to relinquish. The only woman in the study who says that she believes she made the right choice for her and her daughter [to choose adoption] is also aware that her "cooperation" with the social workers yielded her more privileges and more information than the other women who were resisting. She was able to see her daughter more, and the social worker shared more information about the adoptive family than most women ever received.

In general, the more resistance the women showed to relinquishment, the more pressure was exerted by family and by social workers.

The factors then were these: isolation from friends and family, erosion of self-confidence and self-esteem, removal of opportunities to earn money and gather resources for parenting, ample use of shame and

humiliation by those who wanted relinquishment, internalization by the pregnant woman of cultural expectations and religious rules (sin and punishment themes), and the rather constant play of contradictions and double bind situations for which there was no way out.

The most effective of these double bind psychological pressures was "If you love your child, you will give him up." Twenty or thirty years later, most women understand more clearly the double bind that they were in and they are angry at this manipulation of their mother love. Every normal emotion was turned upside down and the love that would have been honored in a "legitimate" mother was turned against the socially unapproved mother. For them, love equals abandonment. "If you love your child you will give him up to strangers and you will never know how he is doing."

"If you love your child, you will give her up and never ask about her again. If you love your child enough, you will forget her."

An irony inherent in this one double bind is that the persuasion worked best among the women who probably should have been helped in their desire to keep their child. The very women who could be unselfish enough to give up their children would likely be the best mothers, the ones who embody our cultural ideals of motherhood.

Another unethical and damaging use of this "If, then" statement was the hidden assumption within it. The social workers were telling the women that they had nothing to offer their children, that they were not good enough to mother their own children. The message was destructive: "If you care about your child, your will give him to others who are better than you are."

Unfortunately, most of the women in this study already suffered from lack of self-esteem because of the losses and trauma in their childhood and from the abusive and critical relationships with their mothers. It was relatively easy to convince them that they would not be good mothers. A strong, emotionally healthy woman with family support would not be as susceptible to any of these pressures to relinquish.

Public perception is that women relinquish their children because they do not want them or because they do not want the responsibility or the "interruption" that a baby would have in their career plans. Only one woman in this study willingly chose adoption and this was because she felt she could not put her education at risk. Both then and now, she had ambivalent feelings about her decision. By far the majority of the women felt that they had been manipulated and coerced by social workers and by their families.

Their conscious and deliberate use of terms like brainwashing and propaganda accurately express their perceptions of the transformation process. Whether by coincidence or design, many of the elements for purposeful brainwashing, such as found in prison camps, are present in their narratives: control in the hands of others, uncertainty, personal humiliation, deprivation, isolation, loss of identity, disorientation, fatigue, repetition of the message, suggestion, guilt, ego destruction, non-rational behavior, and the alternation of fear and hope. [Somit 1968:139-142]

In *Interpretive Biography* (1989), Denzin says that various standards of truth in autobiographies have been proposed. "These include sincerity, subjective truth, historical truth, and fictional truth. A historically truthful statement would be one that accords with existing

empirical data on an event or experience. . ."(Denzin 1989:23). In other words, statements that are in agreement with facts fit the standard of truth. If social work historians, social workers, and birthmothers agree that the only "choice" women of this era had was relinquishment, then perhaps we can accept the mothers' assessments of their experience. When the "doers" and the "done to" say that every means was used to get a relinquishment, we can accept that the line between "counseling" and "brainwashing" was often crossed.

Denzin also asserts (1989:25) that "the meanings of experiences are best given by those who experience them" and perhaps that is the most important standard of truth.

CHAPTER 9
POST-RELINQUISHMENT PERIOD

Get On With Your Life

The participants in this study gave birth and relinquished at least 15 years ago. As can be seen from the table in Chapter 8, the range is from 16 to 51 years ago. All but four of the mothers surrendered a child more than 20 years ago. This time lapse allows participants to evaluate the adoption in terms of life cycle events and their relationships with parents, subsequent children if any, spouses or partners, and friendships. The long time period also enables participants to see the pregnancy and adoption in a perspective that includes work and career.

Most of the women are in the middle third of their life, which is frequently a time of re-evaluation. People look back at their lives and evaluate their goals and their accomplishments, and look at "unfinished business" such as relationships that need to be improved or mended. They look toward the future and ask themselves how they want to live the rest of their lives. For some this middle-age re-evaluation is painful and requires probing unhealed wounds. If this period goes well, the people who have examined their lives and their priorities will be ready to begin another stage of life with new energy and new perspectives.

The mothers who participated in this study have thought a great deal about their past. Some may have tried to bury it, hoping that the experience could be forgotten, but when this failed, most were strong

enough to allow the wounds to open up again in an attempt to heal themselves. Frequently the attempt to heal also involves a search and a possible reunion in order to discover what may have become of the child they surrendered.

Common Patterns Emerge

In listening to their stories and reading the narratives, several common patterns emerged from the fifty-six ongoing life stories. These have been consistent with the themes and patterns observed in search and support groups, newsletters and other published sources.

What is abundantly clear is that not one of the women was able to forget what happened, put it behind her, and "get on with her life" as the social workers and others insisted she would and must do. Rather, each woman shows some symptoms of what is commonly known as post-traumatic stress syndrome.

In the period after relinquishing, all of the mothers reported experiencing depression, usually long-term and periodically very intense. Some were treated for it, others not. For most there was a period of denial and supression. On the outside they lived what they would describe as a normal life, but on the inside they felt far from normal. This period also contains what I would call the time of unspeakableness. What happened was unspeakable.

This unspeakableness was also paired with another phenomenon of silence: no one wanted to listen even in the moments when the woman might desperately want to talk about it. The women were silenced by their own traumatic reaction and by others insisting on their silence. Shame and stigma certainly had some part in the silencing.

Other patterns include a period of self-destructive behavior. Some women became, at least temporarily, the person they were told they were. They were promiscuous, they drank, a few took drugs, some tried the more direct method of suicide. For the women in this study, the period of promiscuity and wild behavior was usually less than a year. But some of the "pain-killing" patterns went on for longer, such as drinking or taking medication for depression.

Another form of self-destructive behavior, largely unconscious but still common, is the pattern of marrying an abusive man in the post-relinquishment period. Part of this may be attributed to childhood abuse which apparently sets a person up for the same patterns in adulthood. In other cases the abusive marriage seemed to be a direct result of the relinquishment; the women felt that no one else would want them and they did not deserve a better life. The abusive partners provided ongoing punishment for their "sin."

A few lived in a state of numbness or "emotional amputation" for more than twenty years. I would predict that a large random sample of relinquishing mothers would show evidence of many who never came out of the numbness, and many who succumbed to the self-destructive behavior that followed relinquishment. Probably common in a random sample, too, would be the women who have never told another person that they surrendered a child to adoption. My sense of the women in this study is that they are the survivors--very strong women. Willing to examine their lives, willing to take responsibility for the past and willing to take responsibility for the future.

In Chapter 11, we examine some of the later stages of post-relinquishment. This includes, for many of the women here, a search for

the lost child and an attempt to heal the many relationships that were damaged by adoption. These stages may also show a real "getting on with my life" some 20 or 30 years after relinquishment. Some return to school, change careers, separate from abusive husbands, reform or end other destructive relationships. Some continue to struggle with the recurring nightmares that are both literal and figurative.

Life After Surrender

As was true of childhood, the common elements in life after relinquishment are mixed up in ways that make it impossible to pull out one story to illustrate this element, another story to illustrate that one. The participants' stories almost always emerged in layered responses--five pages on one date, and six pages three months later, when they had uncovered, sifted through, and analyzed another set of experiences and emotions. The women's stories are fragmented just as their lives have been, but as the fragments come in, the whole takes shape, both for the participants and for the researcher.

The Mothers' Stories

Living like a zombie. "Courtney" writes the following, in a letter that was started September 29, 1993 and finished October 5th.

> I distinctly recall that my life had a zombie-like quality to it. I went through many of the motions of living without actually experiencing life. Maybe it was a defense mechanism, I don't know. I just know that except for some things that I recall vividly--like the first time I looked at my baby and held him--I had a sense that I was sleepwalking through everything. . . putting one foot in front of the other in order to get through. In a way it gave me strength. I felt kind of invulnerable--like nothing could touch me or hurt me.

> That feeling started after I got the letter from "Bob" saying that he couldn't marry me, and it continued even after I signed the adoption papers and went back home. . . . the feeling of numbness continued, that sense of being impenetrable--untouchable. I felt like nothing could ever get to me again. I was protected by a kind of wall I'd built around myself.
>
> When I started remembering (years later) it was a strange mixture of emotions that I had to deal with--but always very painful. I can tell you now that it's been like dealing with a wound that never heals. I try to make it better--but, there's just no way.
>
> I want to see my son again. I want to tell everyone that adoption is no solution. I know that I made mistakes when I was young, but I believe that giving up my baby was too steep a price to pay. I would have been a good mother if I had been given that chance. . . I've regretted it ever since.

Courtney married an abusive, alcoholic man some years after she relinquished her son [in 1967]. She has four other children whom she has raised successfully and supported. She is now married for the third time and says that although this marriage is not abusive, it is "emotionally unfulfilling" and she is looking seriously at the kind of life she wants for the future. She has recently completed a BA degree in Sociology, while working, and she is planning to finish a master's degree. She would very much like a reunion with her relinquished son, who is now twenty-seven.

Marrying abusive men. "Marianne" says that she has lived "a very complicated life" since she surrendered her newborn daughter in 1967.

> I have been married three times. To one man who was an alcoholic, beat me four times, and robbed my apartment before I finally had him arrested. One man had a drug problem and wanted me to have sex with our next door neighbors six months after we married. My third husband is the father of my two children. . . . I had two abortions prior to our marriage and seemed to be on a self-destructive path which I've never resolved. I have no idea why I could not get my life back on track. I really believe I didn't like myself and I was punishing myself for my mistakes.
>
> . . . How could anyone involved with adoption think the birth mother could go on with her life as if the birth never happened? I was not counseled, given time to grieve my loss, or ever asked if I understood what an impact my decision would have on my life.

> My mother [who insisted on the adoption, sent her away, and made all the arrangements] has never mentioned the baby or any specifics surrounding those sad nine months. She expected me to pick up and move on. My body moved on, but my heart and soul continue to mourn the loss of my first born child. [Extract from 13-page narrative of June, 1994]

Marianne first contacted me in 1992 for search help in Florida. The doctors and lawyer through whom her mother arranged the adoption had a regular gray-market baby trade between New York and Florida--made possible through loopholes in Florida law that enable adoption arrangers to get around the prohibition on interstate trafficking. She has been unable to find any information about her daughter or her daughter's adoptive family.

Deep depression and unresolved grief. "Darlene" has suffered deep depression and unresolved grief. In her narrative of March 31, 1994, she describes part of her experience since the relinquishment of her daughter in 1971.

> My life has been deeply affected by the loss of my daughter. It took me about six years (believe it or not) to realize that I wasn't going to forget my daughter and to realize that I had been lied to. Since the time of the surrender, up until about five years ago, I believed that I deserved the pain that losing my daughter caused me because I had gotten myself into that "trouble.". . .
>
> I felt that I had a responsibility to keep up my end of the deal because I had signed those papers. It scared me to think of looking for my daughter, since I thought that I could go to jail for looking for, or finding, my daughter. (The doctor had told me not to look for her, and in my ignorance, I took this to mean that it was against the law. He was very stern when he said it, and he also said that it would hurt the baby if I looked. I definitely didn't want to hurt my baby.
>
> About one month after the surrender, I noticed that I felt "different" somehow, a "down" feeling that I had not experienced before. I had no idea what was wrong and I lived with that feeling for many years.

Darlene's second daughter was born with a terminal liver disease. When her daughter turned 12, she died, four months after a liver transplant.

> I know that all parents grieve the loss of a child, but it hit me very, very hard. I know that I grieved for both of my daughters. I sank into deep depression. When I finally went to see a doctor about it he said that I had clinical depression. I was sick with it, and I realized that I had had clinical depression since the relinquishment of my first daughter. Untreated, it had gotten horribly bad by the time that [my daughter] died, and I took medication for a year before I was finally able to get off of it.
>
> I have not hardly worked outside of the home for much of my life. I really feel that my experience with the adoption changed my outlook and zest for life. I used to be very active and hopeful before the pregnancy. I had many friends and dreams for the future. After losing the baby, even though most of my friends were kind enough, I felt that I didn't have anything in common with them anymore. I just gradually slipped out of their "normal" world, though I tried to do the many things that I was "going to miss out on if I had kept the baby." Now I know that being able to go on with my life was another lie. Doing the things that I would have missed could not replace what was taken from me. [March 31, 1994].

Darlene has found her first-born daughter, but they have not met. Her daughter did not respond to a letter and Darlene has not spoken with her.

Successful and still ostracized. "Roseanna" turned her son over to the agency in 1943 by court order after the father refused to pay support. She worked in a factory after she left the maternity home, so that she could pay additional fees to the home. She later finished high school, went on to college and also did postgraduate work in nursing. Roseanna was happily married to an engineer for 40 years before his death. By outside standards, she has had a successful life and she escaped social ostracism by moving to another state.

How is it different from kidnapping? Internally, Roseanna feels she was crippled by the social stigma, which the birth father did not have to share, and by the loss of her son and of any future children because of medical mistreatment at the first birth.

> Do they think our grief should be any less in legal kidnapping than those you see in illegal kidnapping?. . . I lost

> my son in a courtroom. How did the judge (an adoptive parent) get the information to be used against me? From the social worker--my friend! When you are sitting in the interview room, when you enter the "home" you think it is needed for proper placement. How valuable it would have been if we could have known about Miranda rights. Anything you say can and will be used against you in a court of law. Mine certainly were used. "How do you propose to support a child, you haven't finished high school? Will this child have a room of his own? Will your parents support you? and on and on. "How many times did this 'thing' happen (because girls 'spilled their guts'). [Narrative, May 23, 1993]

The paternity suit yielded money for the agency, but Roseanna lost her child. When she came home from turning her son over to the social services worker, her sister and others in her family refused to allow her to speak about what happened--ever again. They had been shamed enough and never wanted to hear another word from her about it. She kept silent but says that by not speaking up, others "fall into the adoption trap."

Whole life shaped by adoption. "Linda" says about her experience with adoption, that her "whole life has been shaped by this." She missed the baby's father and searched for someone like him, "a man who I felt could ease that pain."

> . . . perhaps if I could have kept Tamara, I would not have married a man that has used me. I was trying to find a way to erase the pain of losing Tamara even before I knew she had died [Linda did not learn about her daughter's death until Tamara would have been 11]. I wanted to be accepted, find happiness, and I stayed in a bad marriage that was very verbally abusive and heading towards serious physical abuse. I felt I couldn't and didn't deserve better.
>
> . . . If I ever marry again or before I ever date, I want to receive counseling so that I will respect and feel confidence in myself so that I can choose the right person for a life-long mate. When we give a baby up for adoption, we totally lose all respect and confidence in ourselves. It takes years to realize that, I believe. We find out what society really thinks when we give a child up. It doesn't matter that we were forced or had no support from anyone. . . . [narrative, 1990]

Linda went on to college after she relinquished her daughter and earned an associate degree in Sociology (Criminal Justice). She says

that she has a good paying job, "but I was always sad after giving Tamara up and all my desire to do anything special in life was gone for a long time" (1990).

Obsessed with finding grave. After she learned that her daughter had died and social services refused to give her any more information or let her know where her daughter was buried, Linda says that she became obsessed with finding her.

> I spent the next four years looking through newspapers, writing down all the obituaries of dead female babies and children. I believe I went insane during this time in my life but I had to keep going until I found her. I visited many cemeteries looking at graves of children and babies. I went to funeral homes, pretending and having to lie, because I certainly felt they would think I was crazy and tell me nothing if I told them the truth. I knew I couldn't stop until I found her. [Narrative, 1990]

Today, Linda is fighting for custody for the son born to her during her marriage. The father is Arab and "wants to marry a Muslim" and take her son to the Gaza Strip. He has changed from being a good husband to becoming a very fanatic person, "almost as though his mind has been lost completely and he is in a cult religion." She says that she is a very strong person and will get through this "and then, hopefully, I will not have any more major problems in my life." She believes that she would have been the best mother for her daughter and that someone should have helped her to find a way to keep her instead of forcing her to surrender (letter, July 26, 1994).

Mental breakdown precipitates relinquishment. "Morgan" was divorced and in an abusive relationship with her first husband's half-brother when she became pregnant. The baby's father became increasingly violent during the pregnancy and when he threatened to kill her and the baby, she ran away. She was referred to a home for unwed mothers and

when her baby was two months old, she had a nervous breakdown and went to a hospital. While there, her son was put in foster care and she was pressured to relinquish him. She finally gave in because they told her that he had a heart problem and needed extra medical care which she could not get for him. [She has no medical records with evidence that he had health problems.]

> The day I signed the relinquishment papers was the worst day of my life. Even today I can't remember what day it was, until three months ago I had buried the pain so deep, but on February 9th I remembered it all and felt like I was going to smother to death.
>
> I know in looking back now that a lot of things I have done is because I couldn't face this awful pain. I first tried to drown it with booze, then I tried to kill myself. I didn't understand why at first but now I do. This kind of pain you may bury for a while but it keeps coming back. They lie to you when they say you'll forget. I am married now and my husband knows about my son and tries to give support, but no one really understands this pain unless they've been there. [Extract from July, 1994, narrative]

Morgan is trying to search for her son [now 18] but she says that she keeps coming up against a wall and all the doors are closed. "I look at guys I meet on the street and wonder could this be him, sometimes I feel like I am going crazy." [July 1994]

Loss is pervasive. For some women, the loss can be described as a pervasive and underlying pain and confusion that robs them of the energy and the focus for accomplishing normal goals. "Jackie" was 27 and a career woman when she became pregnant and began the slide to dependence which included the "brainwashing" of the maternity home. She says that she has lived a double life all of these years, with energy tied up in wondering about her child. Her grief does not end and she is tired of the frustration of not being able to talk about it or find some other way to relieve the pain. She believes it is unnatural--"evil," she terms it--tearing mothers and babies apart, and "separating them even before

birth by telling them that they are not mothers." She describes a psychic numbness, and the continuing trauma that accompanies her as she lives "a shadow life." Her son was born in 1966. Only a few months ago, after literally hundreds of pages of narrative for this project, and many hours of telephone conversations, was she even able to mention what had been one of the worst nightmares of her experience. That was the medical mistreatment that almost resulted in her son's death and contributed to her inability to have any other children.

So, Jackie, who had a promising career and was looking forward to becoming a mother, has, instead, spent years of her life trying to recover from the trauma of her treatment during the pregnancy and the loss of her son. The experience also severely damaged her relationship with her parents (who forced her to relinquish) and her relationship with other family members.

Not long after the surrender of her son, Jackie married an older man who was her "counselor" and very supportive. Together, they tried to regain custody of her son, but were unable to do so. She is now a widow, very active in adoption reform efforts, and still struggling to gain some peace about what happened. She has found and met her son.

Pregnant again. "Carolyn's" daughter was born and surrendered in 1963. She became pregnant again five months after the surrender. She married, describing it as "mismatched from the beginning" but passionate. The marriage ended in 1969 and for 14 years, she raised the two children from that marriage as a single parent.

Delayed reaction. Carolyn is one of the women who was depressed after relinquishment, but had an intense delayed reaction that has threatened to overcome her and has severely disrupted her everyday life.

This delayed reaction occurred when she was feeling secure and content with her life, not long after she re-married, to a man 10 years her senior. The marriage was happy and satisfying to both of them.

"We had his kids and my kids and both of our careers and church work and fun! We were busy and happy and on an eternal honeymoon. That was in 1983." [Extracts are from July 1994 narrative]

> In 1986 I woke up one morning filled with pain--deep, deep pain way down inside of me. Crying did not help it go away. All I could think about was my daughter and trying to find her [23 years after surrender]. My poor husband must have thought I was going crazy; I thought I was going crazy. Then it came to a head when "little Lisa" from New York, an adoptee, was brutally beaten and killed by her [putative] adoptive father, an adoption attorney. Her birth mother came forward and claimed the little child's body and had a funeral for her. I saw the birth mother on TV, young, strong and so very sad.
>
> And shortly after that I awoke one morning with screams sounding deep inside myself, but I could hear them in my head, "It's a lie, it's a lie! There is no perfect couple who could raise my daughter better than I! I could have done it; I raised my other two children alone. I could have done it!"
>
> I carried around the guilt and the pain determined I was going to find her. . . .[In Lisa Steinbeck's case, there was no legal adoption and that is why the birth mother could be notified. Normally, no agency or adoption intermediary will do that.]

Began facing myself. Carolyn found her daughter in 1991. Throughout the search period and into the reunion time, Carolyn says that she "began facing myself; I began remembering so much. My memories came unlodged and free-floated--the past surprised me over and over again. This has continued in a powerful and sometimes overwhelming way. . ." (July 1994).

Wanted to be "flower child". "Lane" chose adoption more freely than most. She did not want to marry or give up her freedom at the time; she was enjoying being a "flower child" in New York City in the late 1960s and even though the birth father offered, she did not want to go to Europe where his family lived, so that they could marry. However,

even she became very uncertain about relinquishing by the latter months of her pregnancy. She was working as an artist's model and thus did not have to go into a maternity home, although she had to pretend that she had moved to another city so that her younger sister and no one except her parents would find out she was pregnant. Here is part of Lane's description. [Narrative, May 1991]

> . . . there was no way I wanted to part with that child. In the whole pregnancy I talked to her, I felt real close to her. I loved being pregnant. I was not resentful of how my body was changing, it was fun. . . .

By the time she gave birth, Lane knew that she wanted to keep her baby, but all of the arrangements had already been made for an adoption and she did not know how to get out of them.

> The whole affair was cloak and dagger [the arrangements]. The lawyer had always posed as my mother-in-law. The story to the hospital and the doctors was that my husband, her son, was in the service, which explained why he never showed up, and the lawyer was my mother-in-law. She was this take charge kind of woman anyway. She came in and they put me in the wheel chair, she took the baby, and they wheeled us out the door together. As soon as we got out the door she said, "I'm going to go get a taxi cab," and she disappeared. She'd gone to give the baby to the people who adopted her. I never saw them.

Mind and body separate. Lane describes the separation she felt from her body and "reality" at that time.

> Then immediately I went back home. My father came and got me. We packed up my stuff out of the apartment. I went back to my parents' house and nobody talked about it. . . . I didn't go into a depression, I was immediately in it and stayed there! I was at my parents' home for a couple of months and during that time I was separated from my body and reality. . . . [1991]

With the help of meditation and a psychic, Carolyn found the birth father 12 years after their daughter's birth. He had just come back from Alaska and had almost died there; at that time he had decided that he had to find Carolyn. When they met again, they talked and were able to resolve some of the things from the past. He also wanted to find their

daughter and offered to help in any way that he could. They were reunited with their daughter in 1990 when she was an adult.

Wanted to finish college. "Alice" had relinquished her daughter in order not to jeopardize her college education; she saw college as a way out of the kind of life she had as a child. She began re-contacting the adoption agency when her child was still a teenager. The agency was very rude and refused any cooperation. Alice left written authorization with them anyway, to release all information if her daughter came looking for her. Years after, she found her daughter independently and learned that her "daughter and her adopted mother had gone to them seeking me." The agency refused to cooperate and told the adoptive family, also, that they needed counseling if they sought reunion. Alice and the adoptive family found each other through the International Soundex Reunion Registry. The reunion was delayed because the agency provided the adoptive family with the wrong information, particularly the wrong age for Alice, claiming that she was 16 rather than 20 at the time of surrender.

Adoptive family did a good job. Despite her anger with the agency, "Alice" is satisfied that the adoptive family has raised her daughter well, and this has been a great relief to her. When asked if the relinquishment or her adoption experience has had any effect on other parts of her life, Alice responds that her relationships with others have not been good, and she knows that at least some of it stems from the adoption, but probably not all.

> It took me years to feel for another man and none of my relationships have turned out well. I am pretty sure that having a child is not responsible for that but I do feel that I am an inadequate mother. Since holding her, I have refused to hold another baby for any reason. They terrify me. My friends think it

> strange but they go along with me and don't insist I hold their kids. I have baby-sat and watched friends' kids and felt my lack but have had no desire to have another. One was enough. [Narrative, July 15, 1993]

Alice says that she and her daughter are very much alike and that she is "proud to have her for a daughter and I love her very much." In her letter of August, 1993, Alice responds to some of my questions about her post-relinquishment years.

> Disassociation is my way of coping.
> About the healing process. No one helped me with loss. I coped on my own. I had learned you could not rely on anyone so I didn't (and still don't). I have friends but they really don't want to hear your troubles. They have their own and yours are so much baggage.
>
> . . . As I stated, I never grieved, so I never healed. I do understand the importance of one on the other but it still seems like a dream to me (disassociation is my way of coping). Maybe now I am. The other night I had a dream that I was a mother with a small child and a baby. I had lost a baby so I was very protective of the new one. I didn't seem to worry about the small child for some reason but was pathological about the baby's safety and my husband could not understand my concern. When I woke up I found myself shaking. I had never dreamed about being a mother or having kids or even being married before. [Letter, August 29, 1993]

Dreams are gateways. For other women, too, dreams have been one of the first or first allowable gateways for the repressed emotions of surrender. Rachel had recurring dreams of a child lost or a child in a crib crying, but she could not get to the crib. She always woke up before she could get to the child. Other times she would wake up heaving with dry sobs, choking and unable to breathe. Or there would be dreams in which she tried to scream but could not. In one, her mouth was filled with shards of glass and speaking or screaming was impossible; she could not close her mouth, but neither could she speak out or get the glass out of her mouth and throat. In other dreams, too, she would be trying and trying to scream out, but no sound came, and she would wake.

"Jackie" has had many dreams during the process of writing the narratives for this research project. Dreams about family relationships

and about losses of many kinds. In these dreams she feels confused and anxious, and the dreams seem to reflect the double bind situations that she is living--a mother who is not a mother and a member of the family who is family, but sits apart, not fully accepted. The ambivalence in her relationship with her mother is also evident in the dreams. [Telephone conversations, 1994]

Search and support opens floodgates. "Paula" has lived by herself for 28 years. She has thought about her child frequently and wondered where he was and how he was doing. "I knew absolutely nothing about the adoptive parents. . . . I am fifty years old, a turning point. Last year I finally decided to do something about finding out what happened to my son." [Excerpts from narrative of June 1993]

> I joined a couple of organizations, and then I found a support group. As I searched and attended meetings, the pain and grief I had stifled for so many years flooded over me. I look back at the last 28 years of my life and only now do I realize how deeply it affected me.
>
> There has been a numbness in me. . . . I never have spoken about my child to anyone. I realize now that for years I tended to push people away if they invited me out. . . I would not let anyone too close. Having another child was absolutely out of the question. I could never go through that again. I avoid children. If there is a child in the room, I leave as soon as possible. Whenever there is a birth scene in a movie or on TV. . . I turn it off or leave the room.

Paula thought that she was doing quite well, but feelings of anxiety bothered her and she is still afraid that people will find out.

> At times I felt a hopelessness and powerlessness. I often have dreams involving loss, which I find so unsettling. Overeating and then dieting has been a problem. . . I tend to cry very easily. I really prefer to stay at home more than most people. . . . More and more, anger is a problem as I become more aware of how my entire life has been impacted by this one event.
>
> . . . The support group I found is a wonderful group of individuals. They have really helped me understand that I am not crazy. They have felt many of the things I have. But there is one problem. Although I really like them and I feel I know them, and we share the same pain, I still cannot talk in a group setting

about myself. I cannot go back to the group, not sharing. I feel that I'm hopeless. On the surface, I appear to be OK. I am a professional with two Master's degrees and I enjoy my job. [1993]

Agency does not understand. "Paula" returned to the agency for information last year and she was bothered by their lack of understanding. The social worker told her she needed therapy because she started to cry when talking about her child. The worker told her that it was illegal to search [not true] and that she should be content with knowing the age, the ethnic background, the height and the weight of the adoptive parents.

> It astounded me that the agency never contacts the adoptive parents again, once the papers are signed. In other words, she is telling me my son is healthy and perfectly fine, but the agency never bothered to check on how the adoptive parents and child were doing together. The agency wants to beat me down. They tell me, be assured that your son is very happy and doing so well, now go away. And oh yes, how about a donation to . . . . [1993]

Paula felt renewed anger to have so little understanding from the very people who professed to know so much at the time of relinquishment.

Post-traumatic stress disorder. "Lynn" did not bottle up her grief, although it floods over her in renewed force at times. She describes the immediate post-partum period as well as later. [Extracts are from narrative of May 24, 1993.]

> . . . . The impact of what I was about to do did not really hit me until my baby girl was born and we were separated from one another. The pain and the agony of this separation was indescribable. I had thought I might feel some type of relief, but it was nothing like that at all. The pain and the emptiness were intense. I began to weep and wail loudly in the hospital for unwed mothers.
>
> . . . I was allowed twice to go to another room to see my baby. I was allowed to touch her, but not to hold her. I looked down at her beautiful, perfect face, tears were streaming down my face. I touched her little hands, and her little feet. I put a pair of booties on her feet. My heart ached as I examined her face; I had never known such pain. The only way I kept my sanity was to think of the joy that her adoptive parents would have, to think of how much they would love her and of all the things they would be able to give her that I could not give. Surely she would be the most treasured and loved baby that was ever born. . . this was my only peace.

> The day they came to take her was the worst day. I stood at the window, a nurse tried to pull me away, I yanked my arm away and looked out. . . . I saw a woman, a large woman, holding and cuddling the little bundle that was my baby. She was protecting her from the blowing snow. As she put her in the car, pains were shooting through me. Physical, emotional, and mental pains of anguish shot through me.
>
> . . . Needless to say, I never forgot my baby and the pain never went away. It lessened a little as the years passed, but it took about 20 years for me to get to a point of acceptance that I would, in fact, never know my child or what may have become of her. I always prayed for her. The agency had made it very clear that all the records would be sealed and I would never be allowed to know of her whereabouts or anything about her. She was no longer my child, but someone else's child.

Eating disorders. Lynn says that she has "suffered with symptoms of Post Traumatic Stress Disorder throughout my life, but it became worse after giving up my child." She had an eating disorder for 8 to 10 years, was a compulsive over eater, then would binge and fast. "Food became my addiction, my coping mechanism. I have never smoked, taken drugs or consumed alcoholic beverages. I had a fear of these things."

Lynn was "hysterical with joy" when her daughter found her. In Chapter 11, hers and other reunion and healing stories are described.

Psychotherapy did not help. "Karla," who sees giving up her son as a "crime against nature" remained depressed after the relinquishment and tried psychotherapy, but says the only help has been to look for other birthmothers who can understand.

> Surrendering my child changed my life a great deal. I moved thousands of miles away from where I grew up. I finished college and went on to get a Master's degree, I had no desire to have any other children, as I felt that they could never replace the one I had lost. I became very fearful and seldom took any risks. I did get married, to an abusive and unfaithful man, whom I divorced. Three years later, I met and married a warm, loving man to whom I am still married. We did eventually try to have children but I have had some health problems which made that difficult. [July 1994]

Therapy did help. For "Cherie," life after relinquishment was a series of lies and continuing grief and depression. Therapy was a help

in her case. In 1970 after signing the surrender papers, her parents and sister picked her up and drove her back to her home state. On the way, along the Gulf Coast, they saw where a major hurricane had hit.

> It was the most desolate devastating thing I had ever seen. That is exactly how I felt. I felt as if a giant storm had swept away everything that was beautiful and meaningful in my life. Everyone around me was acting like everything was just the same as it had been five months ago [when she was sent to the home] and I was expected to act the same way.
>
> My Mother had fabricated a story for me to tell all my friends about living in Arkansas and working in a bank. I was to fill in the blanks. I found myself in a deep depression where I mostly sat and cried. My Mother had no sympathy for me. She said the baby was not my baby. It was God's baby and that He had done the best thing for him. I should be thankful that a loving family wanted him and would take care of him. "So stop your crying and GET ON WITH YOUR LIFE." [From narrative of July 1994]

Cherie says that counseling was very good for her and she was able to clear her mind and go forward.

> One thing I affirmed was that I did want to see my son again. I expressed these feelings to my Parents and to my chagrin their attitude had not changed in 15 years. "What will our friends say? You will open up a can of worms! Leave well enough alone." So I put in transfers at my job and asked to transfer to Anywhere, USA. [July, 1994]

My dying wish. Cherie first contacted me in 1989 in response to a magazine article. The magazine forwarded her letter and we began to correspond and met a few times over the years. At that time she seemed very fragile, both emotionally and physically. She did have the support of a caring friend during this time and they recently married. She was able to find her son in 1990 but they have not met.

> Although I have healed a lot and am able to live a productive life, I know that there will always be an emptiness in my heart that can never be filled. With the grace of God I may one day see my son again. It would be my dying wish. It is true we cannot change the past but perhaps we can change the way we feel about it. [July 1994]

A few more examples will indicate the range of post-relinquishment patterns. "Lee" telephoned me after seeing a brief news clip about the

research project on television (March 1993). She called because she heard the newscaster say that mothers who have relinquished a child often have unreconciled anger and suffer post-traumatic stress syndrome. She felt we were describing her and she wanted to know more about the project.

Adoptive mother also a birthmother. Lee was crying as she spoke that first day on the telephone. "It has colored my life," she said. "I didn't know the extent of it until recently, didn't put things together and begin to understand."

> For certain women, it is terrible to give up a child to adoption. Family is very important to me. I am one of five children, of 48 grandchildren on one side, 35 grandchildren on the other. I am 56 years old, and family is very important. I go to our family reunions and it bothers me. Everyone in the family knew it. No one talked about it. I was ostracized. Some things are not up for conversation, so nothing has ever been resolved. [March 1993]

Lee gave up her son under duress, after the birth father abandoned her and she could get no emotional or other support from her family. She later married [an alcoholic] and had miscarriages, but could not have any other children so they adopted two. She is divorced, and her adoptive son still lives with her and they are very close. "Too close," she says. He needs to be more independent. Her daughter left home over two years ago and will not tell Lee where she is or have any contact.

> I have had a reunion with my birth son. But that wasn't good either. They lied to me. Said the best thing I could do for my son was to give him up! They lied (the social workers and others). My son is 36 years old, in and out of jail, DUI, he's a con man and an alcoholic. He grew up with a fine man and woman. . . but he never bonded with his parents. I don't know what the problem was. [March 1993]

Lee says that she was a virgin when she met her son's birth father. "I was scared. We spent three nights together, and I went from

virgin to being pregnant. He walked off. Not my problem, he said. I was left to cope with it. You just cope."

"But," she says, "that was such a deep loss, 36 years ago, and I still have a hole in me that can't be filled."

Anger isn't acceptable. In an interview (March 25, 1993) Lee talked about anger and how destructive it is and how frustrating.

> I definitely have a tremendous amount of rage--which I apparently direct at myself. I don't know how to get rid of the anger--it's impossible to talk with anyone about the trauma of giving up a child for adoption. In the first place, nobody wants to hear about it. Secondly, if you can get an ear, it's connected to a brain that has its own agenda--it's not there to help you. And, lastly, fear of being unfairly judged kept my mouth shut for years.

Lee tried going to a support group, one in her city that is primarily for adopted persons, but she said it was not much help. She felt that she could not speak freely because even there, she could only speak what was acceptable to the social worker. She described her time during pregnancy and why she was angry with social workers in the first place.

> Abortion was illegal in 1956. All of the street people knew where to go, she said, but the so-called "good girls" just had to suffer the consequences of their collective ignorance--I was one of them. "John" was my first serious male friend. I was "in love" (I thought). I didn't want to be pregnant, but when I realized I was, I wanted his baby.
>
> My parents were humiliated. . . I came to the city [and went to the maternity home]. During my "confinement," I was subjected to weekly, then daily sessions where pregnant girls were brainwashed into believing that it was best to give their babies up for adoption. Phrases such as, "It takes more love to give a baby up. . . If you REALLY love your baby you will want what is best for it." Then they went on to explain. "It will be best for the baby to have two people, a mother and a father, who love it and who can provide a nice home and an education for it, don't you agree?"
>
> Well, what decent woman would disagree with that logic? There's just one problem with it--it's a lie. [March 1993]

Lee said the social worker at the support group meeting got "real defensive" when Lee suggested that the agencies involved with her

adoption process had lied to her. "It won't do any good," the worker said, "or serve any purpose to agency-bash."

"So my anger was quashed again. If you can't be angry at the social workers, and you can't be angry at your parents, or your boyfriend, who's left except yourself?"

Lee talked about the hole in her that couldn't be filled, couldn't be healed. That analogy comes up frequently in the stories. "Donna" calls it the "hole in my heart."

Donna was silently grieving two socially unacknowledged losses of loved ones during her pregnancy and relinquishment: her illicit, married lover and the child that she loved and wanted. She had naively hoped that her lover and his wife would adopt the baby; this did not happen.

Donna "shut down emotionally" in the home and for a long time after. The first year at college, after the relinquishment, she says she was in a "manic stage," but by the second year, she had slipped into a depression so deep that she could hardly do anything at all. "I went through the motions of living and outwardly did what was expected." What stands out for her now, in retrospect, is how slow she was to move, emotionally. When her youngest son went off to prep school, she became very upset, had to get counseling and therapy, and felt she was coming apart. "But still, the therapy did not touch that hole." And from 1946 [relinquishment date] to 1989, she says that she did very little about it.

> Secrecy derails the grief process. I think for years I said to myself, it will hurt too much to let myself know what I really feel--all the shame, all the pain, all the anger. And yet not letting myself know kept me disconnected from other people, but most importantly of all, from a part of myself--the seventeen year old kid with a basketball in one hand and a baby in her belly. Keeping secrets keeps you disconnected. [Narrative 1992]

No children of our own. As can be seen from life stories, many birth mothers did not go on to "have children of your own." They had no subsequent children [one-third in this research group]. "Cheryl" is one of the mothers who could not have other children. She is competent, reserved, independent, and not given to complaint or self-disclosure--typical of many relinquishing mothers in that she does not easily talk about herself. I had known her for ten years, thought we had talked about everything, and yet I knew almost nothing of what she included in her letter for the research project [July, 1994].

The family Cheryl grew up in was abusive and alcoholic. Two of her younger sisters died in childhood. When Cheryl became pregnant, the birth father abandoned her. Her stepfather and mother had already abandoned her--leaving suddenly for another state without telling her [she came home to an empty house]. Cheryl worked up to a week before her daughter was born and returned to work nine days after. Her younger sister was also pregnant at the time and she was helping her. Cheryl tried to get her natural father to help but he would not. She was told "over and over" that she was selfish to want to keep her baby and that she would "mar her life by not giving her two parents, etc." Her doctor also told her that he knew a heartbroken couple who desperately wanted to have a child but could not. Cheryl signed under duress--the final pressure being that if she could not pay the medical bills, she had to sign the relinquishment before leaving the hospital.

When Cheryl did marry, quite a few years had passed since the relinquishment. She married at age 32 and was not able to have other children. She has had three miscarriages.

Reunion reveals lies. When Cheryl found her daughter as an adult, she found out that she was lied to from the beginning. The adoptive mother said, "no, we weren't even looking for a child. The doctor stopped us in the hall the morning she was born and asked us if we would take her." Reportedly, the adoptive parents agreed to take the baby if they could go ahead first on a trip they had planned.

Through the years her daughter was shifted from home to home, parent to divorced parent, boarding school to boarding school. Her life was nothing like the life that Cheryl was promised for her.

> Birthmothers should think twice before they even consider giving up their own flesh and blood. You never recover from this experience and neither does your child. I have a very strong opinion about natural families being broken up so some prospective adoptive parent can satisfy their biological needs. [July 1994]

Cheryl has volunteered in her city's home for unwed mothers and she knows that all the young mothers there are not ideal mothers. She can see their failings as well as their strengths, and nonetheless firmly believes that adoption should be a last resort and only for children who need homes.

Multiple relinquishments. Four of the 56 mothers in this study relinquished more than one child (see Appendix B). What would cause a woman to do this? "Lyla" is one of the mothers who relinquished more than one child. In retrospect, she understands part of what happened. She does know her own strengths and weaknesses and knows that she did not have the strength or resources to look after her children the way that she would have liked. [From interviews, 1992]

She relinquished her two children to adoption during a period of her life when she saw few options. Her abusive and alcoholic husband became more so when she was pregnant with their second child. She

escaped from him, but poverty led to bad check charges and jail, so that when her second child was born, she was in custody and her son in foster care.

She does not pretend to herself or to anyone else that she was able to provide the care the children needed at that time. She needed help. "My life was a mess." Lyla has tried to pull her life together in the years since then and has been self-supporting and is now happily married.

Lyla probably would not have searched for her children, but when her daughter found her in 1992, she was "very very happy." With her daughter's help, she is now searching for her son, although she is taking her time because she does not know how much she can handle at one time.

Lyla has lost a lot of her memories and cannot answer many of her daughter's questions. "Some things are coming back, images, fragments." But the "most painful memories," those surrounding the births and loss of her children are the hardest to retrieve. She had moved to the other side of the country because she did not think she could stand to be in the same place as her children and not be able to see them or know where they were. She thought the best thing to do was to go far away.

Another mother in the study, "Sandra," who lost three children under similar circumstances has said the same thing. She thought she would be more able to forget if she could go as far away as possible. But the geographical "solution" was not a solution. Sandra describes herself as a workaholic, employed at several jobs and always keeping busy. She has done a lot of volunteer work for needy children over the years; she knows that the reason she is so intent on helping other

children is because she lost her own. She has now found two of her sons, one through the International Soundex Reunion Registry. Initial search efforts indicate that the third son was illegally adopted through a Miami-New York network. The lawyer and doctor who were involved are now known to have been operating a prolific, unethical adoption business. [From telephone conversations 1992 and 1993]

How much is too much? One question that arises in listening and reading the mothers' stories is "how much is too much?" What will be the one trauma that finally makes them too much for any one person to surmount? In a book review of *I am Roe: My Life, Roe v. Wade, and Freedom of Choice*, by Associated Press writer Michelle Mittelstadt (seen in *The Arizona Republic*, June 28, 1994), the author of *I Am Roe*, Norma McCorvey, says "I am a rough woman, born into pain and anger and raised mostly by myself." She had a difficult childhood, a troubled relationship with her mother, spent time in reform school, was raped, abused drugs and alcohol, tried to commit suicide, was a battered wife and is now a lesbian. What is the most difficult? McCorvey writes that she does not know two of her three daughters because she gave them up to adoption. "Of all my many sorrows, this is without a doubt the worst."

Would another person with less strength and endurance have stayed addicted, or would she have succeeded in committing suicide?

Most of the women in this research study are outwardly successful people. They are, on the surface, indistinguishable from other teachers, nurses, mothers, artists, librarians, wives, and administrators who have not relinquished a child. Most were high school or college students at the time of relinquishment, most were in a long-term relationship when they became pregnant and not promiscous by anyone's standards. And most,

in the years after relinquishment, were able to keep going in spite of tremendous inner anguish. Nonetheless, even the women who are outwardly doing fine, carry scars--both from the relinquishment and from prior childhood losses.

Perhaps the questions we should be asking, are not what are the affects of losing a child to adoption, but how can we eliminate or minimize the traumas that so many children are experiencing so that the next generation will not have even more to heal from. So that this generation does not have more trauma than is possible to heal. The women in this study have survived. What happened to the others?

Summary of Post-Relinquishment Patterns

If there is a single most common pattern for the mothers in this project, it is the pattern of post-relinquishment silence, then an intense delayed reaction, and then an outpouring of grief and rage. Gail's statement summarizes as well as anyone could do.

> Well, for 17 years I told absolutely no one. I believed that if anyone knew "my secret" they, too, would hate and reject me. I attempted to atone for "my sins." In that time, I didn't deal with any of the feelings I had and I became engulfed in guilt. There was no one I felt I could talk to about the emptiness and pain I felt.
>
> I began to think I was different or crazy, to be feeling the loss after so many years. Everyone had said I'd get on with my life after the adoption. I guess to everyone, I seemed fine. But to myself, I felt almost dead, like a zombie, doing what had to be done, but never feeling right.
>
> . . . I finally went into counseling and told someone about the adoption. . . I knew I couldn't search when I couldn't even acknowledge that I had given birth to my son and placed him for adoption. All I could do was cry. I had never grieved the loss or felt the pain until then.
>
> . . . I had never met another birthmother or talked to anyone about the feelings I had. I had felt like there was a huge burning hole inside of me. [Letter, January 24, 1992]

Does healing ever take place?

What triggers the healing process and allows the grief to come out more openly? It may be the child's coming of age, or it may be that 17 to 25 years is the time it takes for an unspeakable trauma to become speakable. After the Vietnam War, it was about twenty years before bookstores began to display any of the personal stories about the war.

Whatever the reason for the timing, it has thus far been unexplained in birthmothers and not observed or described enough to become predictable. Any reliable study of birthmothers must take into account this delayed reaction. Recently relinquished mothers cannot assess the full affects of adoption on their lives.

In Chapter 10, we look at the next stages in the post-relinquishment period. This stage sometimes includes steps towards healing and frequently involves a reunion with the lost child. In Chapter 11, we summarize the research project, suggest additional research, and note what relevance the research may have for social and family policy.

CHAPTER 10
HEALING AND REUNION

Relinquishment is Traumatic

The unsupported pregnancy and the birth and relinquishment of her child was traumatic for every woman in this study. This would have been predictable, even without the outpouring of evidence from their life stories.

Birth is a major life event; death is a major event. Adoption is not death, but the loss to the natural mother is as permanent and profound as death, but with more ambiguity and less social support. Compounding this are the numerous other losses associated with this period, such as the abandonment by boyfriend, husband or lover, the condemnation by family and associates, the frequent isolation (banishment) from friends and home, the loss of independence, and the loss of a sense of competency and self-esteem. All of these and more are added to the double trauma of experiencing birth and "death" at the same time.

It is evident that such compound and serious losses would be traumatic. No human being could go through these life crisis events unaffected and undamaged. However, there has been a peculiar reluctance by most people in our society to acknowledge the obvious trauma experienced by mothers who relinquish a child to adoption. Without that acknowledgment, there can be little social support in healing. The

mothers remain unconnected, in vital ways, to the community which marginalized them in the first place.

"Sarah," whose reunion and determined healing process has stimulated some efforts at adoption education and reform, gives her perception of the problem (letter, July 28, 1994). At the time of writing she had just taken part in public radio and television discussions sponsored by her state's adoption reform task force, and was discouraged by the ongoing hostility to birthmothers.

> One thing which I don't understand, which infuriates me is the readiness of feminists and liberals and good-intentioned folk of many stripes to punish birthmothers albeit disguised by condescending, sentimental bullshit. It is so rare to find anyone who can actually empathize with a birthmother--imagine that they themselves could be one.
>
> Why is this?!! People seem capable of empathizing with other groups discriminated against--gays, blacks, but NOT birthmothers. I think being able to identify with birthmothers would represent severe crumbling of the patriarchal structure and even the most "liberated" of folk still react emotionally based on mental filters learned in a very patriarchal society. That's my opinion, but basically I still am mystified by the hostility toward birthmothers that seems so close to the surface.

This hostility is noted in almost all of the birthmothers' stories, in one variation or the other. Empathy and understanding from others would help, but it seems unlikely to be forthcoming. Nonetheless, many have found ways to help themselves even though others have denied them both the acknowledgment of damage and support towards healing.

The strongest mothers are finding their own groups of supportive people and trying out various kinds of therapy in their attempt to heal the wounds and throw off the effects of adoption loss. Frequently they must also overcome the effects of childhood abuse that preceded the adoption losses.

Judith L. Herman, a psychiatrist associated with Harvard Medical School and Director of Training of the Victims of Violence Program at Cambridge Hospital, published *Trauma and Recovery: The aftermath of violence--from domestic abuse to political terror*, in 1992. She compares rape victims, battered women, combat veterans, and victims of political terror. The parallels are striking.

> People who have endured horrible events suffer predictable psychological harm. There is a spectrum of traumatic disorders, ranging from the effects of a single overwhelming event to the more complicated effects of prolonged and repeated abuse (1992:3).

Herman's work, as delineated in this publication, is relevant to the study of relinquishing mothers in several ways: symptoms described, differences in response, and recovery steps.

The symptoms she describes for the victims of domestic or political trauma are the same as what can be observed in the women in this study. Herman does not include relinquishing mothers in the discussion, and is perhaps unaware that they fit the profiles she draws of other victims of trauma.

Despite overall similarities in victims of trauma, some people withstand the experiences better than others and some are more able to overcome the damage. How can this be explained?

Given that no two people have identical reactions to the same or similar events, Herman cites studies which help to explain why some people survive combat experiences, or rape, better than others (1992:58-59). In a study of combat veterans with post-traumatic stress disorder, for example, the symptoms were correlated with childhood history, emotional conflicts, and adaptive style. Men who had been prone to antisocial behavior before going to war were likely to have predominant

symptoms of irritability and anger, while men who had high moral expectations of themselves and strong compassion for others were more likely to have predominant symptoms of depression.

The impact of traumatic events also depends, says Herman, on the resilience of the affected person. Stress-resistant people tend to be those with high sociability, a thoughtful and active coping style, and a strong perception of their ability to control their destiny. They have an active, alert temperament and good skills in communicating with others (1992:58).

However, children and adolescents--whether young soldiers or young victims of domestic violence--are particularly vulnerable, as are those people who are already disempowered or disconnected from others. These include people with few social supports at home and people who are less likely to talk about their experiences with friends or family. These individuals are at high risk for developing post-traumatic stress disorder and recovery is uncertain.

Most of the relinquishing mothers in this study were in that most vulnerable group at the time of their pregnancies. They were young, they were disempowered, they had already suffered serious trauma.

The other particularly relevant parallels between the groups of trauma survivors discussed in Herman and the birthmothers in this study involve the healing or recovery process.

Healing is a Process

According to Herman (1992:3), the recovery process for people with traumatic syndromes follows a common pathway. The fundamental stages of recovery are 1) establishing safety, 2) reconstructing the trauma story,

which, by the nature of trauma is fragmented and both reveals and conceals, and 3) restoring the connection between survivors and their community.

The term "recovery" is often used interchangeably with healing. I will more often use the term "healing." Healing, defined as "to form healthy flesh again, to unite after being cut or broken" (*Oxford American Dictionary*, 1980) is more congruent with the narratives than recovery, which is defined as "to regain possession or use or control of or to obtain as compensation, to return to a normal condition after illness." Most older birthmothers no longer believe that recovery is possible, although healing is a sought-after goal.

The recovery steps set out by Herman are similar to those described in other "crisis and survival" literature such as Des Pres (1976), Marris (1986) and Oliver-Smith (1986). Survivors need to speak of their ordeal; they need to make sense of what happened and restore meaning to their existence. The loss must be insisted upon and the value of the relationship affirmed; and they must re-establish ties to the community--restore their sense of community and belonging.

For birthmothers, each one of these steps has been blocked, either by their own loss of self or by societal restrictions. How, then, do they proceed towards health, or do they?

Their stories of post-relinquishment life have certain common elements that appear to be part of the healing process:

1. experiencing a breakdown in normal behavior characterized by extreme pain and the release of previously submerged memories

2. finding a delayed reaction; the breakdown may not occur for many years after relinquishment

3. experiencing periods of depression that alternate with periods of rage

4. making a decision to search for the lost child

5. beginning to talk with others about what happened and reading or researching adoption

6. looking for others who understand what they are feeling

7. politicization as they become more aware of the power relationships involved in adoption

8. becoming active in adoption reform efforts, and

9. negotiating a reunion process.

As the mothers speak for themselves in the following pages, we can see how these elements interact and how their experiences and their healing process parallels that of other trauma victims and surivors.

The Mothers' Stories

Sexual abuse and relinquishment linked. "Sarah" understands that her early sexual abuse and the relinquishment are linked; both had some of the same effects and require some of the same kinds of healing.

> Since the sexual abuse and relinquishment are very linked in feeling--secret, sexual, I'm bad, I have to be really good to compensate, I can't play "name that trauma" and chalk up what effects are due to sexual abuse and what are due to having relinquished a child. Both work against any tendency to "feel like a natural woman" and both are causes of depression. Strangely, I feel like basically I'm a naturally happy kind of person even though depression and insomnia were common for me. I'd learned to cope in ways that outwardly appeared effective. I'm not a split personality, but I could always sort of limit falling apart, get up and do what had to be done, as an adult fix dinner or do the laundry or go to work and put on this completely phony cheerful mom act once I had kids. The phoniness and pressure to be the perfect mom negatively affected my child rearing (July 6, 1993).

Affect of adoption on later childrearing. The affect that relinquishing a child has on later childrearing is an important topic

that has appeared in many of the participants' stories and one that needs more attention. A later research project should address this issue.

To conclude Sarah's portion in this paper, she notes that she is learning to accept what happened and is trying to accept the way her daughter was raised. Even though the reunion and the "facing what happened" has been painful as well as joyous, the healing has been "liberating."

> The process has been very liberating for me. . . I've come to accept the decision to relinquish as the best I could make given some terrible circumstances and I've stopped being furious with the 18/19 year old whom I was. That my daughter was not placed with the kind of family I'd hoped for was not my responsibility . . .(July 28, 1994).

Once awakened, some move rapidly. "Darien" has moved through some of the stages rather rapidly, once she began to move from a toleration of severe depression to taking action. Whether the breakthrough was triggered by the fact that her son turned 20 in 1993 or that the unspeakable was becoming speakable is not clear. She joined a support group in 1993 in order to learn how to search. The information in the project comes from a series of telephone conversations, a visit of several days, and numerous letters, 1993-94.

> Emotionally, I'm on a roller coaster and right now I'm pretty low. It worries me that so many people say the emotional intensity during the search process pales in comparison to the post-search period. I hope I'm being precocious here. I do experience highs and lows depending on getting information or lucky breaks related to the search process.
>
> But my real serious emotional pain occurs when I get close to the feeling of the enormity of my loss. Sometimes I think I will crack apart like an egg. I can believe that horrible feeling could be experienced more continuously post-reunion, but I do not see how it could be more intense. When it comes, it is bone crushing. I really believe I will die, and I can not lessen it consciously. It is only some subconscious survival instinct that shuts it off eventually (letter July 25, 1993).

Allowing repressed emotions to surface. In the same letter, Darien talks about loss and the dangers of allowing her repressed emotions to surface.

> I found a good therapist, who is also a birth mother, and started seeing her about a month ago. The image I have in my mind now is that there is a huge sea of sadness, rage, grief, and loss floating around in me. . . . I used to have it anchored down and it was fixed somewhere in my lower abdomen. Having it there out of sight didn't leave a lot of room for anything else, but neither could that sea rise up and choke me. When I started this search, I cut that sea loose from its moorings. The sea is still there, but now it is free floating. Some days it floats all the way up to my chin and threatens to choke me. . . .

Writing and talking about what happened. Reconstructing what happened was important; Darien began writing out her and her son's history in preparation for reunion.

> I have written part of our history. I stopped when I get to the relinquishment. I haven't known how to understand or explain my feelings about that. What I finally came to is that I probably would have been a very inadequate mother under the circumstances, but I should have kept him anyway, and if I had it to do over again in the same circumstances, I would. Because what I know now that I didn't know then is that:
>
> *adoptive parents on average are no better or worse than anyone else, so I was putting him into a real crap shoot.
>
> *there is a real primal wound to both mother and child from separation. It ricochets through both their lives with incredible effects, pain, and intensity forever.
>
> *my love, his mother's love, was the most important gift anyone had to give him. And there were no gifts from anyone else that could replace it, and he should not have been denied the experience of that love. [After her reunion, Darien telephoned one evening in anguish because she realized, from her first conversations with her son, that she had caused great pain and lifelong damage to her son--she realized that adoption, which was supposed to be for his welfare, had irrevocably damaged him.]

During therapy and with the help of a support group, Darien describes another stage of the pre-reunion process, which was to examine her own life and communicate with others.

> I had never discussed my experience with anyone, never talked with anyone else who I knew was a birth mother, never had subsequent children, lived with guilt, shame, denial, and repression to the point I didn't think of myself as a mother at all. I don't know what I thought I was going to search for--a missing limb, I guess. My life, though outwardly successful, was permeated and poisoned in every dimension by the experience of

being a birth mother (I hate that word with its limited, patronizing, condescending implications. . .).

Facing the unknown. During her search, Darien prepared as much as possible for facing the unknown. In her intense and thorough way, she researched, studied, and thought.

> My search started in July [1994]. The support group requires that you attend three monthly meetings before they will help you search. It is not nearly enough, but 25 years of monthly meetings wouldn't be either, so what's the difference? My search was a short 6 weeks--for which I thank a merciful God. Once Pandora's box was open and I really started to understand this was my first-born child, . . . and that he could be dead, disabled, sexually abused, a junkie, in jail, living on the street, an alcoholic--I went right off the deep end.
>
> I read everything I could find on adoption, attended every adoption related meeting or event I heard of talked with anyone who would talk with me. And I learned a lot. I learned what many adoptees really experience in the best adoptions--the primal wound, the lack of relatedness, the denial of their grief, the feeling of not fitting in, of having been rejected, of being raised by strangers. And the ways they frequently learn to cope--the false self, the fierce loyalty to the adoptive construct, the need to live "as if" the truth weren't true, the manipulativeness, the inability to experience intimacy. . . . [posting on the Internet mailing list 8/4/94]

The roller-coaster continues. The reunion itself was very healing for Darien and at the same time it set in motion more of the "roller-coaster" of highs and lows, of joy and renewed grief, of putting the past unknowns to rest and learning to live with the unknowns and the uncertainties of future relationship.

> I can feel whole pieces of me coming back. I am becoming alive in ways I had lost and didn't even know were gone. And I am starting to be able to work a little towards change (letter March 31, 1994).

Darien and her son met in person this summer and again in the fall. During the search, she quit her well-paying technical job with a large corporation and gave herself some needed time to focus on recovery; the back up of her brother and her friend-now-husband helped ensure that necessary "safe place." She married in October after having

been single since a brief, abusive marriage shortly after her relinquishment.

The reunion with her son is another emotional roller-coaster, but very good. He fits much of the description that she had learned from her research, yet they are enough like each other that his fears and his anger may get telescoped into the same short time frame as her search and her healing steps. They have not yet introduced the complex and delicate adaptations that will have to be made when he chooses to tell his adoptive parents that he knows her. As with most adopted persons, regardless of age, there is a great reluctance on his part to let them know that his birth family is significant to him. It seems safer on one level to keep living a double life.

It's the not knowing that kills you. Part of the healing for "Marsha" has also been the search and reunion with her daughter. She says that she had to know for herself whether her daughter was all right or not. She also wanted her daughter to know that she was not rejected or unwanted. "It was very important for me to have her understand that." They were reunited in 1993 and have been writing back and forth, and at the time of writing, had seen each other three times. Marsha and her daughter both want to maintain their relationship and "feel quite close to each other." [Extracts from narrative of July 20, 1994]

> She has said that she wants me to be a part of her life from now on. The pieces of the puzzle that were missing in both of our lives have been found since we met and I know that I lost a lot when I gave her up for adoption. I can never replace that, but I can work to become a part of her life now and we can have a future together. It feels similar to all of those families who have a son or daughter that was reported missing in action during a war. The not knowing is what slowly kills you.
>
> As I said before, I will never be the same as I was before the adoption. Psychologically, part of me has been amputated. In order for me to have continued on with my life, I repressed many

> memories of what happened--especially feelings. When I started to search for my daughter, many of those feelings surfaced after being buried for years. You see, if I had been forced to feel the true depth and pain of those feelings about surrender, I would have surely died of a broken heart. [July 20, 1994]

Marsha says that her daughter has had a good life and she is thankful to God for that. The daughter has just graduated from college with a degree in psychology and "she plans to go on to graduate school and eventually become a clinical psychologist. She hopes to work with young children and teen-agers."

The description "part of me has been amputated" was common in the life stories, as was the comparison of putting missing pieces back into their lives with the reunion. Marsha says that she has the comfort, in reunion, of knowing that her child was raised well.

Child abuse common in adoptive homes. What was hardest for the birthmothers was to learn that their children had not had the upbringing they were promised as part of that pressure to relinquish. Some birthmothers have had such limited contact with the found child that they do not yet know how they were raised and what the home environment was like, but 10 of the 43 (23%) are known to have been raised in alcoholic and abusive homes and have suffered psychological and sometimes physical damage.

Only Marsha and one other birthmother report that they are happy with or satisfied with their adopted-out child's upbringing. Some birthmothers have come to believe that the adoption relationship itself is inherently damaging, that it puts children into a situation riddled with "double binds." The most basic examples being the "as if born to" notion and the false birth certificate.

"Darlene" who has found her daughter but has not had contact sees another inherent difficulty in adoption kinship.

> Natural parents usually train their children from birth to learn to be independent from them. In fact, that is their role for being parents. . . . I believe that because the natural bond between parents and their children does not exist with adoption, they spend their lives "bonding" or tying those children to them. They are in a reverse role, so to speak. [June 1, 1994]

In studies with adoptive parents, this would be an interesting hypothesis to explore.

Karla's son was 21 when she found him. She says, "It has been a very positive experience, but I found out that he had a very difficult life."

> That has been hard for me to deal with. Overall, though, I feel very happy that I found him. It has given me some measure of peace and seems to have "released" me in some way. I can now take more risks and am less fearful. I have also changed my political affiliation and my religion. My relationship with my parents is better. They have told their friends and relatives about my son.
>
> When I was pregnant, my parents said "the worst thing that could happen would be if anyone found out about this." I still have a hard time dealing with that, especially when I hear people talk about what a wonderful society we had in the '50's and early '60's. I cannot understand the mentality which would make a woman a criminal for having a baby. [July, 1994]

In my response to this part of her story, I asked Karla to explain more about her reunion, if she could. Her response was written August 9, 1994.

> Instincts were vindicated. It turned out that my son had a very unstable life. I do not feel free to disclose the things that he told me, but I can say, as it is a matter of public record, that his adoptive parents divorced early on and that things then went from bad to worse. How he survived, I don't know. Neither one of us did very well for long periods of time.
>
> I believe in God's grace so perhaps that is what saved us. I believe that God does not want people to be separated or to stay separated. I believe in reconciliation and reunion, but it is very hard when people have been hurt so much. It is hard to trust, to take risks. I have a hard time getting close to people and my son has indicated that he is that way, also. I suppose that is partly genetic and partly environmental.

> I think that how well people live with adoption depends in part on how they view reality. I have spoken with a fair number of birthparents and adoptees who believe that their adoption arrangements were "meant to be." I have never believed that. I have always viewed the adoption as a "legalized kidnapping." I was held hostage and my baby was the ransom.
>
> . . . My heart told me that I was his mother and that we belonged together, but everyone else said that if he stayed with me that he would be hurt. I gave him up, believing that. I never expected to find that he had a difficult life. . . I feel betrayed. I also feel vindicated, because my instincts were correct. I feel guilty because I didn't try to find him sooner. How could I be so stupid?! I feel hurt that he was hurt.

"Ginger," another of the women whose child had a damaging adoption placement felt guilty about the relinquishment and even more so after the reunion.

> However, after much soul-searching and deliberation--not to mention the two years I spent with scotch and Perrier--I have been able to release that guilty hold. I feel sure that she [her daughter] will continue to blame me for a lifetime for what that adoption cost her. If, at 21, I had been more aware of genetic endowment, I would have had grave reservations regarding her placement with the woman the agency chose. . . and with the man who had a reputation of being a womanizer and an alcoholic, and, reportedly, rarely at home. [August 4, 1994]
>
> Around the time my child turned 18, her parents divorced and, I am told, she was pretty much left on her own--just when most young people are in such need of guidance and counseling. But then, I am not sure she ever received or was willing to accept that kind of discipline, because the experience with drugs had started when she was about 14. [August 4, 1994]

Ginger has also had difficulty accepting how the agency treated them, both at the time of relinquishment and during their search. Here she describes the effort to find out about her daughter.

> I married the birthfather. . . [four years after the relinquishment]. We had another child [ten years after the first child was born]. I decided after a miscarriage in 1978 that I would contact the agency. I wanted to have something in the file in case she should ever want to contact me. I spoke with "Molly" for about 30 minutes and she assured me she would place the gist of our conversation in the file. That was my only means of communicating with my child. I decided in 1988 to call the agency again. My child had made contact with the agency in 1984 and 85. But "Molly" had placed nothing in her file!

Ginger was eventually able to get a court order to release information to her daughter.

"Judy," another woman in the study, whose New York agency did the same thing has not been able to get anyone to contact her daughter. Both she and her daughter have been to the agency several times seeking information about each other. The agency maintains that it would be an invasion of privacy to allow contact. Not only that, they refuse to let the daughter know that her mother has also been to the agency. They could, at the least, contact the daughter and suggest to her that she sign up with a reunion registry. This is a safe, neutral way to allow mutually sought-after reunions. This birthmother has networked and found out that a group of adoptees and birthmothers are filing a class-action suit against the agency, which she is joining.

Still angry with social workers. Most of the mothers still speak with anger and bitterness about the professionals who counseled them to relinquish. Here is what "Paula" says. Earlier in the narrative she had already described her disappointment with the lack of follow-up for adoptive family or birthmother and her amazement that they could insist her child was well and happy when they had not made contact since placement. [May 1993]

> I have found my son, who has just turned 28. I wrote a brief letter to him and waited. Then I received a very threatening letter from the director of the agency. He wrote a long, patronizing letter directing me to desist immediately. Legal action would be forthcoming if I did not stop harassing this adoptive family.
>
> . . . I waited a month and wrote a longer letter to my son and this time he responded. He told me he wanted no further contact now or in the future. So now, here I wait. And cry. I cry every day, and night. It has been so painful, waiting. I want to get to know him and see him. I don't want to interfere in his daily life. I think his adoptive parents always felt very threatened by me and this fear was picked up by my son.
>
> It makes no sense to me, to deny the existence of a birth mother. He is 28 years old, not a child. I think he has stifled all his feelings about the adoption and its effects. He and his parents have pretended he is their genetic child.

> . . . I am angry at the agency for not providing more care for us single mothers, especially for the lack of counseling and understanding of the long-term effects of adoption. They never bothered to study the effects of what they did to us. . . . They played God with my life, my baby.
>
> . . . To the adoptive parents, the agency, and others, I was just a breeder and not even considered a mother by some people. Keeping silent has been a necessity. Very negative attitudes toward birth mothers still prevail and there is really little understanding or sympathy for birthmothers in our society. . . . When I hear someone say how wonderful adoption is, I just want to throw up. [1993]

The awakening. These stories provide some insights into the period after relinquishment, the "awakening" and the multiple ways that women work on their own healing. For most women, the first part of the process consists of small "breakthroughs" which lead to understanding or to another level of distress that has just begun to emerge. "Nicole" did not consciously think about her relinquishment for 14 years.

> I had no idea my yearly depressions were directly linked to the loss of my daughter. Beginning around May lasting straight through till September. When I began to let the memories come back I felt a pain so heavy I thought I would buckle under the weight. I felt like there was a hole inside of me with an ache that would never dull. I was missing a part of myself and my life really wasn't worth it. [Narrative of April 10, 1993]

In the year after the relinquishment, Nicole "slept around" and became the "slut" people said she was. When she was talking with her best friend about her depression, her friend suggested that it might be guilt over the men she had slept with in the past. She did feel guilty about that, but knew this was not the reason for the heaviness. She purposefully tried to be more aware of what was going through her mind during the more peaceful parts of the day. This purposeful awareness led to a series of "awakenings" which she describes briefly (June 1993).

> That's when I realized I would spend time wondering how [my daughter] was. What she looked like, was she healthy and happy, was she troubled, did she wonder who I was, what would it have been like if we had all these years together. I talked more about it with my friend. Throughout all these years I kept telling

myself that it was the only thing to do, it was the best thing to do. I didn't feel angry, it was--as everyone told me--my choice.

She [her friend] kept asking me why I didn't feel angry about it, why wasn't I angry at my brother who is a psychologist and should have known better and done something, said something? That did it. It all started coming back. I let myself admit that I was angry, and the floodgate opened. I soon realized I never had a choice. It's like someone holding you at gun point and asking you to make a choice--a bullet wound to the left side of your head or to the right. What kind of a choice is that? I worked really hard at letting myself feel again, studying my emotions and behavior to identify a pattern and a cause. A lot of things make sense, now that I've let the memories and emotions surface, things like my sexual behavior and overwhelming need to help women and children.

Awakening combined with understanding. A few years ago, a counselor at an adoption agency agreed to see Nicole, who was desperate to talk with someone. The counselor accurately mirrored back her grief, said Nicole, but she would not accept Nicole's ongoing feeling that she should not have surrendered. The counselor tried to tell her that she was still seeing the experience through the eyes and emotions of a 17-year old, not a mature woman who realized that she had done the best thing for her child.

For years people told me I did the right thing, including [the counselor]. I did "a good thing for her and her parents." I spent years trying to convince myself that I really did the right thing. I would always feel angry and guilty without understanding why when people would tell me what a great gift I had given the adoptive mother, the greatest gift of all--motherhood--and they added I could always have more. As hard as I tried not to, I always felt that I could have kept my daughter and she would have been happy and well-adjusted.

Some time later when I was further into recovering and the counselor asked me again if I still had regrets about the surrender, did I regret my decision? I said that although I would make a better parent now than I would have back then, I still felt it was wrong, and if someone had told me I would feel one tenth of the pain I feel now and that my daughter might be suffering because of it, I would never have considered it. She didn't say anything more about it.

At this point I don't think I'll ever not regret that decision or believe that all this pain and what may lie ahead for both of us and our family members was a blessing in disguise or a "gift" to the adoptive parents. [Narrative of June 11. 1993]

Motherhood was not relinquished. Nicole and most of the other mothers in this study indicate by their narratives and their actions that they did not relinquish their motherhood. They may have felt they had to relinquish their child, but this was part of being a good mother. "If you love your child you will give him to someone who is a better mother." In this sense, relinquishment was what they were told was the best mothering they could do. So, it should not come as a surprise that their maternal concern has continued.

Nicole's mother died when she was a child and she says that this may be the reason that she thinks the relationship between a mother and a child is the most significant one there is.

> I can't help feeling the immeasurable loss for myself and my daughter. . . . I hope that my daughter and I will meet and become friends and be able to share some of these things. I'm really glad that she was born, I never said that until now. Even though we don't know each other yet, she is a part of me and my family, she might even have some of the same talents and desires that I have or had. That alone is a thrill to think about. [June 1993]

Nicole clearly feels that her motherhood is ongoing even though she hasn't "been able to be with her and nurture her and watch her grow as most mothers get to do."

> I feel lucky to have been able to know what it was like to carry her and talk to her. In talking to women who have been pregnant, I found few who really enjoyed being pregnant. I am one of them. I found so much pleasure in carrying a child, with all the changes that took place in my body, I really did find it to be a miraculous experience.

Rituals may help. This summer, on her daughter's birthday, Nicole went to visit a friend in Florida and found another way to further the healing process.

> . . . we lit a bonfire under a tree, drank wine and celebrated both of our daughters. It was a beautiful night, the air was warm and fresh after the rain, the sky filled with stars and our hearts filled with love. . . it was the first time I celebrated her birth rather than mourned her loss. [June 1993]

The idea of a celebration or a ritual to help get through the grieving and into healing has been initiated by a few support groups on the west coast who have a special candle-lit celebration the day before Mother's Day to celebrate their children and their own motherhood. Since there are no social support mechanisms or public rites to help birthmothers--no funerals, no birthday parties, nothing to acknowledge either the birth or the loss, the mothers are, again, finding innovative ways of their own to help themselves.

Nicole has not begun a search for her daughter because she realizes how much healing she needs to do before she meets her daughter and also because her daughter is only 16 and may not be ready to meet.

Even bad reunions are good. Even searches that end in rejection seem, in the long term, to help with the healing process. "Barbara" contacted the adoption agency in 1992 and learned that her son had been searching for her in 1987. So she believed that he would want contact with her or at least updated information about his birth family. Her son's adoptive parents are Catholic and she went to a priest in their home town to ask his advice and possible help in contacting the family.

This was to be a confidential talk to discuss possibilities. However, immediately after her conversation with the priest, he contacted the parents and within a half hour her son's adoptive father caller her. Apparently her son [now 30] had not told them that he had searched and they were very upset. There has been no reunion because the son was angry that his parents were contacted and now he says he wants no contact from her. This has continued for two years and has been very difficult for Barbara. Here is how she describes the post-relinquishment period, including the "found but not reunited" period.

> In 1989, one of my daughters had a son without being married. My grandson's birth triggered the start of my search. For 25 years I honestly believed the relinquishment had not affected me. However, in those 25 years I had gone through another marriage, four or five jobs, and moved every two years at a minimum. I never connected my instability to the relinquishment. A year ago I purchased my first house--I can put down roots now that my son has been located. I am at peace.
>
> For the first several months of my search, my tears flowed until I thought there could be nothing left. I believe I was finally grieving for my lost son after all the years of emotional apathy. Over the last few years I have grown from a soul crying in the wilderness at my first support meeting where I sobbed the words "I gave up my son" to one who stood on the floor of the [state] senate this spring and spoke on behalf of birth mothers and adoptees across the state. In the growing has been the healing. [Narrative, September 1994]

Probably for most of the women, the healing process has been erratic--two steps forward and one step backward. The periods of energy that come from lifting off part of the burden of repressed feelings, alternates with periods of sharp depression again, as they gain new understanding of how much has been lost. Healing is not a straight line progression nor one with any measure of predictability, although intuitively, most women begin with inner "work" and then later, may start search activities and reform activities. Doing it "backwards" may increase the risk of remaining "stuck" in despair.

In November this year, on her son's 18th birthday, "Eileen," too, was standing in front of a state legislative assembly, although a different state and for a different reason than "Barbara." Eileen was spearheading a movement to protect vulnerable women from pressure to surrender a child. She was able to get the support of enough legislators to have a birthmother protection bill drafted. She put in long hours organizing support for the bill and learning to speak in front of others about adoption reform. In her public life, she was strong and assured. The inner life, however, was much more fragile and tentative.

Eileen is taking medication for her severe and often debilitating depression. She thought of the political struggle as a way to fight for her son and to prevent others from having to endure what she has endured since she lost her son. She could stage a remarkable public struggle for recognition of the problems of vulnerable mothers--but she has not yet gone through the phase so many others describe of "having to face myself." She tried many times to write out or even to tape record her narrative for this project and was unable to do it. She desperately wants to know if her son is all right and she wants to see him, to know him, to tell him that she loves him. But, so far, she cannot get herself to write even the preliminary letters to get non-identifying information about the adoptive family or to sign up for reunion registries. She does not understand why she cannot move forward more consistently.

It is possible that those who, like Eileen, try to bypass the inner steps and go out of the "normal" sequence established intuitively by most women in this study, will end up blockading their own progress. Eileen may or may not have to retrace her steps. She has not joined a support group and she seems reluctant to do as much adoption research as others in the study who have begun to speak out.

Reunion helps adoptive parents. Finally, a story in which the adoptive parents have helped and been helped by the reunion, rather than being threatened by the birthparents. Again, there are no statistics to indicate the attitude of most adoptive parents towards search and reunion. There are support groups for adoptive parents, and at least one of these works actively and effectively for open records. The experience of the great majority of women in this research group is that adoptive parents were hostile and threatened by the birthmother's continuing

presence, whether that presence existed only in imagination or in the reality of contact. Barbara's experience with adoptive parents was unfortunate, as were many others who tell their stories here. Gail tells a more positive story.

"Gail" met the adoptive mother first. When they met, the adoptive mother openly scrutinized and evaluated Gail during the several hours meeting. Once Gail was "approved" by the mother, she set up a meeting with all of them: the son, the adoptive father (now divorced), the mother and Gail. At the reunion meeting, the adoptive father was so happy he cried. "It would have been all right if you had contacted him when he was 12 or 13; he has always needed something and I think it was to know his mother." [Telephone conversation, May 1992]

In Gail's note to me after the reunion [May, 1992] she sent a photo of the two of them (looking more alike than most twins, in spite of the age and gender difference). "Well, isn't he handsome," she writes on the caption, "I never knew what my own flesh and blood would look and feel like. I've never felt such a closeness or connectedness with anyone."

"He really was happy," she says, "that I had found him." And this was obvious from the joy in each of their faces. For her the joy was mixed with sorrow, as it probably was for him as well.

> I talked with J. this morning and he sounded happy that I had called. I never knew I could feel such love. I didn't know what it felt like to be a mother until I was with my son. Yet in the happiness is also the true realization of what I actually lost. A mixed bag of emotions, but mostly elation at this point. I keep trying to focus on the future and less on the past. . . .

In a telephone call, she said, "I can't wait to put his picture on my desk and to send out birth announcements. I have been a mother for 22

years and couldn't tell anyone. Now I don't care what anyone thinks. I've got a beautiful son and I'm going to tell everyone about him."

In Gail's case, the success of the reunion is due, in part, to the adoptive parents who approved and thus could give that approval and implicit permission to their son for him to meet his birthmother. The result is that each person could heal some long-standing hurts. The adoptive father could feel that he had finally helped to provide what his son had needed earlier but which he had been unable to give. The adoptive mother controlled the timing and assessed whether or not the meeting should take place. Her authority and her position were acknowledged.

But the period after reunion is never simple, regardless of the initial euphoria. For Gail in her reunion and for other mothers in theirs, the reunion is bittersweet. The anxiety and tied-up energy of not knowing where or how your child is gone. It is replaced by the ever-increasing knowledge of what you, the relinquishing mother, have lost.

You have lost a baby, but you have also lost a child, a teen-ager, an adult child, your grandchildren, the millions of moments of love and nurturing that go into raising a child and the future moments of love shared with grandchildren. Just as he is your son but not your son, and you are a mother but not a mother, so are your grandchildren your grandchildren but not your grandchildren. The relationships in the present generation are damaged or lost, and the future generations are lost. At best you will be some sort of unwieldy "friend" in the life of your child. A mother who has no status, no role, and no social approval for her motherhood.

Effect on family relationships. Less emphasis has been given here to the effect of adoption on birth family relationships, due to limitations of time and space. For example, "Ellen" and several other women told that they did not allow their parents to have a relationship with subsequent grandchildren because "if the first one wasn't good enough for them, the others weren't either." Ellen explains some aspects of this distortion of family relationships as well as the politicizing effect of adoption loss.

> Because of my adoption experience, I function at a terribly acute level of consciousness the average person closes his or her eyes to. I know all too well that any cruelty, any immorality can be justified by those who hold the power and that a large part of the citizenry will sanction this act. And I know that any one of us, any human being, can at any time be designated expendable and disposed of accordingly; no one is safe. . . . [narrative June 21, 1993]

Ellen says that she has never been able to forgive her parents for not being able to "rise above their culture and socialization" and see what was happening, "though realistically, I suppose they, too, were victims."

> Yet their cruelty to me when I needed them the most seems more inexplicable, more awful, with each passing year. My father is very ill now with Parkinson's; in fact he recently entered a nursing home and is not very happy about it. My reaction? (silently, I hasten to add.) "Gee, Dad, how does it feel not to have any options!" Yes, I know that is awful, but that is what adoption does to families. [June 1993]

Ellen did marry and have other children, but she relates a few of the effects of adoption on childrearing.

> . . . I didn't have another baby until ten years later, and it is a wonder I had one at all. Even when I finally did have a second child, my joy was tainted.
>
> Every day I confront the reality of what I lost when I was denied the right to raise my first son; additionally, when the babies I was allowed to keep were little, I worried they would be taken also, either by a kidnapper creeping into the nursery at night, or by bureaucratic authorities who as I had learned all too well can do anything they want, any time they want. To the average

> mother, a trip to the pediatrician is routine, to me it is fraught with danger--"You could never care for a baby, prove your love by giving him away, you must have a life plan, other people have more money, etc. I know we are all powerless. [June 1993]

Part of the healing power of the search (for adopted persons and for birthmothers) is to reduce that sense of powerlessness they still have for the life-altering decisions they could not control. As one mother said to me, "If I can find my son, I can do anything!"

For Ellen, that empowerment has been reduced to the same situation as during her pregnancy and childbirth. She petitioned the court for information about her son and the Court Representative says that she has contacted the son and he does not want contact from his mother. In spite of this rejection, she is expanding her life in ways similar to the other women who have consciously looked for ways to heal the past.

The search, while not "successful" by some standards, has caused her to tell her other children about their brother and has released her from the wall of silence that limits other relationships. She has been evaluating her marriage and her plans for the future. What is most exciting to her is that she has returned to college and even though she can only take a couple of courses a semester because of her job, she is thrilled to be going (June 1993).

> I tell people I'm planning on starting a new life at fifty and they think I'm kidding but I'm not. Right now, just the degree itself is my goal. I feel I was meant to have a college education and got derailed. . . "waking up" just prior to becoming a dedicated college student is no coincidence. Though I still hurt horribly, it's as though a shroud has been lifted--and here I am!"

What women seem to be saying is that the search and reunion process is helpful to healing, regardless of the outcome, regardless of whether or not a reunion occurs and continues. The mothers seem to be eventually able to accept reality, whatever it turns out to be. They think a good relationship with the found child would be wonderful, would

be a miracle and a blessing, but they understand clearly that their losses cannot be retrieved.

It may be impossible for birthmothers to forgive social workers and other professionals who claimed to be acting in their best interests and obviously betrayed them, but most do find ways to improve their relationships with their parents. "Ellen" has not come to that yet (and neither have many others) but "Rachel" is making some progress. After nine years of reunion, and almost thirty years of trying to understand and forgive her parents for their role in the relinquishment, she has found at least one way to improve their relationship.

> I was talking with a friend who is a family therapist about my found son's apparent inability to trust or to have a deep relationship with anyone. I was trying to figure out what I should do, either to change my expectations, or to change his behavior. She suggested that the best thing might be to continue to model the behavior that I would like to see in him. "In other words, keep doing what you hope he will do."
>
> This conversation did not have anything to do with my parents, but I had continued to be troubled by my inability to forgive them. My anger and bitterness would flare up periodically and I still avoided seeing them for more than a few hours at a time. Then last Christmas, it occurred to me: I had been waiting for them to "give" me something for fifty years, even though I suspected that they were incapable of giving it. I wanted them to be the parents I needed.
>
> What would happen if I modeled the behavior that I wanted from them. What if I gave them what I had always wanted from them? This is working much better. I don't have to try and force "forgiveness." I just have to behave in the way that I would like for them to behave. I guess this is a variant of the golden rule. . . . Maybe the generational patterns in our family can be stopped by my giving my parents the "mothering" they were never able to give to us. [August 1994]

Reunions Common for Participants

Search and reunion is a common theme in the life stories. There are no statistics, nationally or by state, that can be used for comparison with other groups of birthmothers because no one gathers the

numbers or even knows how many adoptions take place. Without knowing how many adopted persons are out there, or how many birthparents there are, keeping track of reunions (if it were done) would still not tell us what proportion of people separated by adoption are searching for natural relatives.

Of the 61 children relinquished by mothers in this study, 42 of them, or 68%, are "found" (see Appendix B). Four of the adoptees searched for and found their mothers; two were mutual reunions from the International Soundex Reunion Registry, and the other 36 adoptees were found by their birthmothers. Of the 42 mother and child "found" pairs, one birthmother found that her daughter had died of multiple skull fractures before she was a year old; two adopted males rejected the first contact and no other contact has been made; and two males rejected their mothers after good initial reunions. Two other males rejected the mother's first contact but later indicated a willingness to communicate. One found daughter has not responded to a letter, written more than a year ago, and the mother has not spoken with her directly.

Most people who have found each other maintain some ongoing contact. Like adoption itself, reunion has to be seen as an ongoing process. An initial rejection may turn into a satisfying relationship when the found person has had time to adjust; an initially enthusiastic reunion may turn into a rejection when one or several of the persons involved cannot handle the changes.

Two points have been obvious in both the participant-observation stage of this research and in the gathering and analysis of the life stories: 1) "reunion" is not static; emotions and situations change, and 2) for the majority of birthmothers, the search for her lost child and a

possible reunion is significant at many levels and is essential for healing the separation trauma. In this sample, only two of the birthmothers say they probably would not have searched for their relinquished adult children. One describes herself as a recluse and the other was not sure that she was strong enough to handle it. For all of them, even temporary rejections on either side were rare and a large majority of the birthmothers report that the reunion has been very healing for them and that their children say this is true for them, too.

Summary of Relinquishment Effects

In as many ways as there are mothers, the women in this study have worked to overcome the affects of adoption loss. There is no question to them that the relinquishment trauma is severe and is spread into all areas of their lives. In this chapter and previous ones we have begun to sketch in the ways that stigmatized pregnancy and the relinquishment of a child have affected women. These include affects to subsequent childbearing (if any), to childrearing, to relationships with parents, husband, children, and extended family. Their work and careers have also been affected by their birthmother experience.

The trauma has shown itself in a syndrome of symptoms that is similar and sometimes indistinguishable from veteran's combat neuroses, domestic violence victims, and victims of political oppression.

The failure of members of society to acknowledge this trauma has impeded healing and recovery and has allowed adoption practices to continue without reform or consideration for the mothers whose children are given to others.

In spite of this, the women in this study have shown strength, resiliency, determination, and ingenuity in finding their own ways to heal. Already marginalized, their efforts and accomplishments also remain outside the mainstream.

Perhaps the strongest finding from the life stories of mothers who relinquish is that they do not relinquish their motherhood. If they "chose" to allow other parents to raise their children, it was because they believed that this was the best way they could mother at the time. Transformations of motherhood occur in adoption, but the natural mother does not cease to be a mother.

CHAPTER 11
SUMMARY

This chapter includes a summary of the research findings, an evaluation of research methods, relevance of the findings to family policy and social services, and suggestions for further research.

For women in every society, birth is a life-changing event. A pregnant woman goes through a year-long rite of passage that prepares her for birth and establishes her motherhood. In this research study we have asked what alterations of the usual transformation process may cause a birthing mother to relinquish a child to adoption. Further, in the American system of adoption, all rights and obligations of motherhood are legally transferred to the adopting mother. How does the relinquishing mother adapt to being a mother but not a mother?

The first stages of research, which have taken place over a 15-year period, involve participant observation in birthmother and adoptee support groups and in adoption reform groups. These stages have also involved cross-cultural research on adoption, for comparison with the American system; analysis of newsletters, correspondence, books, pamphlets, and newspaper clippings; and interviews. I interviewed pregnancy counselors, adoption intermediaries, a lawyer, a judge, the head of a state reunion registry, and numerous adopted persons, adoptive parents, and birthmothers.

The second stage of the research was to gather life histories from volunteers who had relinquished a child more than 15 years earlier, to analyze their stories and to research the cultural context of single

mothers and adoption. A purposeful and conscientious effort resulted in a sample of 56 women, 54 from a cross-section of the American population and two Canadian women. These 56 participants were asked to include in their stories significant information about their childhood and upbringing, pregnancy and relinquishment, and the post-relinquishment period (see Appendix A for information sheet given to participants). The narratives and interviews were open-ended. Some women wrote only once or twice, with five to ten pages of narrative; others continue to correspond or to telephone as they think and talk about their experiences and allow themselves to feel the ways that adoption loss has affected them.

Summary of Research Results

Childhood Experiences

What emerged from the descriptions of their childhood was a very high rate of parental death and abandonment and a very high rate of childhood abuse and, later, spousal abuse. I asked people to start their stories with childhood rather than the pregnancy because in informal interviews and conversations led me to believe that some had sustained early trauma. I wondered if prior trauma led to more vulnerability to unwed pregnancy and then relinquishment. The results were difficult to comprehend. I did not expect the magnitude of trauma that appeared in the narratives.

Parental death and abandonment. Almost 40% (see Appendix B) of the participants had lost one parent or both because of death or abandonment. In addition, others had been temporarily separated from

parents at an early age or had lost other significant family members. These losses were monumental in themselves, but one loss usually triggered a series of losses for the young person.

Abuse in childhood and later. Childhood sexual abuse occurred in at least 17.8% of the cases, and 73.2% of the participants indicated physical or psychological abuse, which may or may not include sexual abuse. This could not be determined from information provided. For some, the pattern of abuse continued into adulthood. Twelve participants reported having an abusive husband or boyfriend, some did not describe later spousal-type relationships. Since some women report several kinds of abuse, the categories overlap and give numerically confusing results. Perhaps the easiest way to present the findings is that 49 of the 56 women (87.5%) reported either sporadic or repeated abuse either in childhood or in childhood combined with later experiences. As a comparison, a figure quoted frequently for the general population is that approximately 22% of the adults in the United States have been abused (Polakow, 1993:10).

Alcoholism. Alcoholism is another difficult factor to give accurate numbers for, either in this study or nationally. A few women said the term alcoholic was not used in those days and that because a parent was "a drinker" or a "drunk" they did not know if this would be considered "alcoholic" in today's terms. In a few cases the participants commented that their fathers would go off drinking for a few days at a time, but did not drink at home--implying that since the parent did not drink at home it was not a problem. Whether the mothers considered it significant or not, approximately one-fourth did mention "drinking" or alcoholism in their parents' generation and one-forth included drinking

as a problem in their own generation--with siblings, spouses, or self. A few were adamant and clear that addictions had caused serious problems in their families.

In most of the narratives, both drinking and abuse seemed to be underreported. Social scientists now, for instance, include as "abuse" the failure to meet a child's emotional needs. In the life stories gathered here, the mothers more often use "abuse" to mean something more active, more aggressive. Shouting, threatening bodily harm, or doing bodily harm were part of "abuse" but other acts or omissions were not. As one example, "Andrea" described her father as "sadistic" but would not have said that he was sexually abusive because when he came to say goodnight to her and frequently put his hand up her nightgown, "there was never any penetration." She blamed herself for being uncomfortable with him when he was being "affectionate."

Frequently, in describing incidents of that nature in their younger years, the women in this study were likely to blame themselves for their youthful ignorance, rather than blame the person who was hurting them.

Learning to be wrong. They grew up believing that it was their reaction that was wrong, not the abuser's action--whether it was a drinking problem or a physically abusive parent. The case of the woman in this study who was raped by a school acquaintance and then apologized the next day for bleeding on him is a clear example of how the abnormal can come to be seen as normal in an abusive environment, and how a person can be made to feel "wrong" instead of wronged.

My hunch is that alcoholism, general abuse and sexual abuse were underreported in this study, not only because of the participants'

tendency to blame themselves for life difficulties but also because there are ambiguities in language and an unwillingness to name what happened. When a woman writes "I was physically and psychologically abused by my mother (or father)" she often does not say whether sexual abuse was part of it. Only in further questioning, or paying close attention to other parts of her narrative would the picture begin to take shape. And some women go no further than to say that their childhood was "very difficult" or "very unhappy" or "violent." At no point was anyone asked to provide details unless she wished to do so.

Being "wrong" becomes a pattern. This hunch about underreporting, I believe, is further corroborated by the consistency of response when women described the pregnancy and the man's behavior when he learned of it. The women rarely expected men to take their share of responsibility at the time of pregnancy. They blame themselves for being naive, or for going out with the man, or for believing that he really did love them, or for believing that he would change his mind and claim the child.

It is as though, having grown up to believe that they were "wrong," they were unable to see the relationship clearly. This upside down view of reality is also reflected in the way they could so easily be made to feel "wrong" and "have nothing to offer" during counseling sessions with social workers and other professionals during pregnancy.

Most women lacked mothering. Perhaps the most striking finding in this study was the degree to which the women lacked "mothering." The majority of them (67.8%) described their mothers or stepmothers as hostile, unloving, very critical, cold, or abusive. They did not feel loved or valued by their mother or the mother figure in the family. Another 7.1% said that their mothers loved them, but other problems like

the mother's alcoholism or depression, or exhaustion from the need to work long hours prevented them from having a close relationship. In addition, two did not have a mother relationship at all because the father did not remarry after the mother died.

Only six women reported that their relationship with their mother was good, or all right, or "good enough" except for the pregnancy and after. Even though the quality of "mothering" is as difficult to quantify as alcoholism and abuse, it is reasonable to say, from descriptions provided, that about 88% of the women were "unmothered."

Unmothered women are at risk. One major hypothesis that emerges from this study, then, is that unmothered women are at risk in their own mothering. Unmothered women are more likely to seek love outside the family in an inappropriate relationship and they are more easily convinced that they have nothing to offer a child and would not be a good mother. This then sets the stage for continuing generational family problems.

This is not a new premise. It seems like common sense, and it has been reported in the literature before. In reading Kunzel's history of the maternity home movement (1993:29), for instance, we see that this was an accepted "fact" by the evangelical reformers of earlier decades.

> Evangelical women often described unmarried mothers as "motherless," metaphorically, if not literally. A New Haven Crittenton worker claimed that "surely the primary reason for illegitimacy is lack of true motherhood, most of our girls being motherless or worse than motherless since babyhood."

Times have not changed. A brief report in the National Association of Social Workers' News (Nov. 1994:7) warns that many teen-age mothers "risk being abused if they return to their families in order to remain eligible for AFDC benefits under President Clinton's proposed welfare

reform bill." A Child Welfare League of America survey based on information about 1,000 young pregnant women or mothers in 15 states "showed that approximately 62 percent had been abused or neglected by parents or caregivers previously. Going back to their families could subject roughly half of them to further abuse." Most of them, the article concludes, come from unsafe homes.

This is an apt conclusion, too, for the childhood experiences of relinquishing mothers. Childhood, for most of the women in this study, was unsafe and traumatic. A very large proportion were survivors of parental death, abandonment, or abuse before they became pregnant. The majority were unmothered and vulnerable to "the trouble I got myself into" in late adolescence or early adulthood.

Pregnancy and Relinquishment

In describing this period of their lives, the most important factors in the transformation from mother-to-be to relinquishing mother were the reactions of parents and the baby's father. When neither the father nor the grandparents claimed the child, the mother was under extreme duress and pressure to surrender the child to adoption. Without the support of these significant people, the woman lacked the social, psychological, and material backing needed to resist outside pressures and keep her child. Social workers and others who advised the women in this study consistently and vehemently insisted that adoption was best for her and the child. Several women said that if only one person had suggested that keeping the child was the right thing to do that it might have made a difference. Perhaps, at the least, they would have gone elsewhere for help that did not require relinquishment. It is not

surprising that they felt betrayed to later encounter so much stigma for giving up a child. If the "right" thing during pregnancy is to give up the child, why did it turn into "how could you give up your own flesh and blood" in the post-relinquishment period?

The Birthfathers

In this study only one birth father offered to marry and help support the woman and child, but he wanted her to move back to his family home in Ireland. She, not realizing what she would be up against alone, "drifted away" from him, more interested in enjoying the life she had working in a book store and as an artists' model. Two other birthmothers rejected the birth fathers because the young men were unemployed and involved with drugs. Most mothers had no opportunity to accept or reject the birthfather.

Half of the fathers abruptly abandoned the mother. When they learned that they had fathered a child, they left the city, left the country, joined the military, and disappeared.

Probably the most humiliating and damaging of these rejections were from boyfriends who had their male friends lined up ready to testify that the buddies, too, had slept with the woman. This prevented her from pressing charges or pressuring him to get married. I was surprised at the frequency of this male strategy.

Five other birthfathers were "somewhat" willing to marry but caved in under their own parents' objections or the girl's mother's objections. Another five birth fathers did nothing. They did not disappear, but neither did they offer any moral or material support. As one mother said, "he just didn't participate."

Four of the birth fathers insisted on adoption. One of those was married to the woman at the time, two other couples were living together in a long-standing common-law arrangement and one other, not yet cohabiting, made adoption the prerequisite for continuing the relationship.

Three women became pregnant because of date rape, another from child molestation and rape. Two birthfathers were already married to someone else, and two women did not report any details about the birth father.

Three birthfathers became so abusive that the women fled. The multiple relinquishments were by women in this position. Three mothers could not be certain which sexual experience resulted in pregnancy because they had two partners within the crucial time frame.

In short, very few of the fathers showed any interest in the child and almost all adamantly rejected both the idea and the reality of fatherhood. Most rejected the woman at the same time. They did not want and refused to take joint responsibility for the woman's pregnancy and the coming child.

These results should not be construed as a general statement about fathers. In part, these particular fathers were following cultural patterns that explicitly or implicitly discourage their taking responsibility for pregnancy and childrearing.

The Parents

Once their daughter's premarital sex became obvious through pregnancy and the family was further humiliated by the unwillingness or inability of the baby's father to marry their daughter and claim the

child, parents reacted with a high degree of consistency. They tried to save face. Many mothers remain angry that "What would the neighbors think?" became the guiding force in their parents' actions. It was clear, that for most of the parents in this study population, "saving face" was more important than claiming their grandchild. Many parents couched their actions in terms of "doing what was best for you and the baby," but few pregnant women believed this to be the real motivation. They felt they were being punished and exiled.

The unwed pregnant women were most frequently sent out of town. The family made up a story to explain their absence from school, home, and neighborhood. One woman recently learned that her mother had told people that she had a nervous breakdown and was in the mental hospital. This gives, I think, an accurate reading of the degree of stigma that was attached to unwed motherhood. Being sent to the mental hospital had a very high stigma, but this excuse for absence was preferable to having a daughter in a maternity home. Another woman was told by her mother that she would have shamed the family less if she had ended up in jail. It is not surprising that women frequently commented that they felt like criminals.

The overwhelming majority of parents responded to the pregnancy with rejection, further abandonment, and ongoing punishment. The shameful act committed by their daughter was apparently beyond their ability to cope with in a compassionate manner. In listening to and reading their stories, I cannot judge the sincerity of the "I'm doing this for your own good" statements, but the women's perceptions were clearly stated. The women said that no one was concerned about what they wanted or how they felt. That "saving face" was the guiding factor in

parental decision-making, and that very few parents even seemed to realize that this was their grandchild--often the first and only one. Most parents referred to the child as "that baby" in the sense of "You are not bringing that baby into this house!"

A few parents softened during the pregnancy or after the birth. One father belatedly offered help, a few parents allowed the young women to stay at home during most of the pregnancy--but even in these cases, the women had to stay out of public view and were confined to their rooms. "Confinement" became the most accurate description for the situations of most unwed mothers as they waited out their final months of pregnancy. Shame and varying degrees of punishment distorted impending motherhood and, finally, prohibited parenting as part of that motherhood.

A factor in parental abandonment during pregnancy that needs more research is the role that social workers and maternity home personnel played in keeping the pregnant woman isolated from friends and family. Twenty and thirty years later, as mothers and daughters begin to talk about what happened, some daughters learn that the parents were told to stay away and that visits from any outside people were either prohibited or discouraged. Certainly visits from the baby's father were rarely allowed, and in maternity homes, correspondence and telephone calls were strictly monitored.

The role of social workers and other professionals in the relinquishment should not be underestimated. They were very effective in gaining relinquishments. Even today, I have overheard social workers at conferences, concerned that they are not getting enough relinquishments,

discuss strategies with their peers to increase the percentage of women who "release" a child to adoption.

The role of professionals is important, but outside counselors are not as effective if the young woman has family and friends to provide support or to provide more than one opinion of what is the "right" thing to do.

Social Workers

I use the term "social worker" here in the sense that it is used by the women in the study. At the time of pregnancy, the finer points of hierarchy and professional attainment or status, were irrelevant to the women being counseled nor were professional qualifications presented to the pregnant woman. So this portion should not be read as an attack on the social work profession. A few social workers have publicly stated regret for the role they played in forcing women to surrender children in earlier decades and have subsequently been active in social work reform as well as adoption reform. What I am presenting here are the perceptions and feelings of the mothers, many years after they were counseled.

By the time a woman came into contact with anyone from the social services professions, she most likely had already been rejected by the baby's father and was under pressure from her parents. She had lost or believed she had lost any chance of support through her family and boyfriend (or husband). The common progression in counseling was this: The social worker befriends the young woman, who is very grateful to have a "friend" who is interested in her and concerned about what she is going to do. She may or may not open up to the worker and provide full

and intimate details of her life, but certainly she provides some information at the initial interview. This information and the "friendship" were used to guide the woman towards relinquishment.

The young woman was not knowledgeable about how the system works and did not understand that the social worker was representing an adoption agency and potential adoptive parents who were paying fees. If the counseling was a government agency, the policy was the same. A single mother might cost public money, but adoptive parents usually did not. Workers might think of themselves as practicing "preventive" social work. To "relieve" the woman of her child now, might prevent dependency status and other ills later on.

How the pregnant woman experienced the counseling was that if she was amenable to the adoption plan, she was treated fairly well by the social worker. With each sign of resistance, pressure was increased and sometimes outside professionals were brought in, such as psychiatrists who would confirm the social worker's view that wanting to keep her child was a sign of pathology.

If none of these ongoing pressures worked, counseling sessions would be increased and bigger "weapons" employed. The double bind that was used most frequently and to best advantage, even in the first stages of counseling, was "If you love your child you will give him up."

"If you really love your child, you will give him to two parents who can provide everything that you cannot."

This double bind strategy was reported by nearly everyone in the sample and was very effective. What response can a caring person have to that? "I don't love my child and I'm keeping him?"

Unfortunately, it seems to me that the people on whom this argument works best are precisely the women who would make the best mothers: women who put their child's welfare above their own desires.

The final weapons were often unethical, and sometimes illegal. Some women did not sign relinquishments and insist that their children were taken from them. Some state laws on abandonment provided loopholes through which mothers could be kept from knowledge of their child's whereabouts and, after the designated time period, wrongly charged with child abandonment.

Others were told that they could not leave the hospital with their babies if they could not pay the medical bills. All of the social workers, doctors, lawyers, and others knew well that the women did not have the money available at that moment to pay. What response could the woman have? "I'm going to find my baby and escape?" To where and by what means? The people seeking relinquishment frequently resorted to this pressure and so it is not surprising that some mothers say that they were in a hostage situation or an extortion situation. No escape unless they paid with their babies.

An additional strategy reported only once in this study, may have been a backup available to other social workers but used only as a last resort. Women were frequently told to use an alias, at the maternity home, in the hospital, and even in private arrangements. Presumably this was to protect the reputation of the mother or the family, but it could be used another way. If a woman used an alias to sign the birth papers and then tried to get her child back, she would first have to prove that the child was hers.

Another strategy to ensure that the woman cannot retrieve her child, once signed away, is the advice given when they sign surrender papers. "You have 10 days (or six weeks, or whatever the state's time limit is) to change your mind." What the women were not told is that they would have to hire a lawyer and file legal petitions to overcome the surrender. This worked the same way as the medical bill strategy. A woman with resources at hand would very likely not have signed in the first place. She had neither the knowledge nor the means to hire a lawyer or file legal petitions within the time period allowed.

The women in this study say that they were given improper counseling. The information given to them was inaccurate, inadequate, and uniformly biased towards relinquishment. They feel used and betrayed by the social workers and most have not forgiven them. Thus there remains an adversary position which hinders cooperation, reform of pregnancy counseling, and follow-up research.

Post-Relinquishment Period

In the post-relinquishment period, certain patterns also emerged from the participants' stories, as did patterns in childhood and pregnancy and relinquishment. Women reported that the experiences during pregnancy and the adoption loss affected every part of their lives, although some had a period of delayed reaction and delayed grief. Here are the typical reactions to the relinquishment experience.

Emotional shutdown. There was a period of emotional "shutdown," of feeling like a zombie, of trying to "get on with my life" but being unable to feel or to take any interest in things. To paraphrase the descriptions that came from some women: "I tried to do all of the things

I would have missed out on by keeping my child, but nothing had any meaning for me and gradually I just dropped out." For some, this shutdown occurred while they were still pregnant. They realized the hopelessness of their situation, and saw no way out.

Living a double life. Many women became adept at living a double life. They pretended to be "normal." They went about their daily lives, going to work, possibly getting married, some raising children, and all the while felt that they were not quite real. That their real life was going on at some other level. They were pretenders. Something was missing. "There was a hole in my life."

Depression. All of the women in the study suffered from depression. For some it was the underlying fabric of their lives, the constant. For others depression would come and go, would intensify and would ease up. A few were hospitalized at some point for "a breakdown" or for depression so severe that they could no longer function. No one went on with their lives as though nothing had happened. They are, now, angry and amazed that anyone would have told them they would forget and go on with their lives. "How can you forget your own child?"

Delayed reaction. Some women made comments such as, "I really thought that I was fine, that my life was all right." The reaction, the "unthawing" period might not be triggered for 25 years. Their adopted-out child turned 18 or 21, another daughter had a baby, or they were "safe" for the first time in their lives and intense pain would begin to surface, to "shoot" through them with almost unbearable intensity. Many said that "everything fell apart," "I thought I was going crazy," "I know my husband thought I was going crazy." It was as though the post-relinquishment world had been carefully constructed to filter out

emotions and memories of their lost child and sooner or later something cracked that constructed world, allowing long pent-up feelings and images to come tumbling out in an uncontrollable and frightening manner. Yet, at the same time there was a certain relief in this breaking apart, and it spurred them into actions towards real healing.

Dreams, nightmares, flashbacks. Many women spoke of recurring dreams, nightmares, or flashbacks. Some avoided other babies, refused to hold a baby or would turn off the TV and leave the room if a birthing scene came one. Some women hardly left their homes for years. Something in the street like a baby carriage, or a trip to the hospital, could trigger flashbacks that they could not control and which were too painful or too fearful to risk. Some began taking fewer and fewer risks in all areas of their lives.

Abusive relationships. A few women avoided all men, all serious relationships for a period after the relationship. Others went in the opposite direction. Nearly a fourth of the women became involved in abusive relationships after the relinquishment. Some felt that they did not deserve any better or that no one would want them. Some just could not risk loving; it was safer to marry someone they did not love. A few women are still in abusive relationships but beginning to evaluate the reasons for remaining in a destructive marriage. As the years go by, they feel that they have been punished enough, either by themselves or by others.

Family relationships affected. All women felt that the adoption loss had affected their relationships (or non-relationships), although in some cases they could not separate out the effects of childhood trauma from adoption trauma. However, their relationships with their

parents were damaged in specific ways because of the parents' role in relinquishment. The damage to childbearing and childrearing was also attributable to the adoption experience and was difficult or impossible to overcome. One-third had no subsequent children.

Reunion and healing. When the breakdown occurred--the suppressed past began coming out in fragments or overwhelming floods--the women in this study reacted, after a period of time, by looking for ways to put themselves together again. Therapists were occasionally helpful, more often not, because they did not understand or empathize with the women and did not acknowledge the trauma of adoption loss. Relinquishing women show the same symptoms as women who suffer from rape or domestic violence or men who have been traumatized by war. But most therapists, unless they happen to be a birthmother, tend to have the same reaction as the rest of the populace. "That happened a long time ago, you should get on with your life."

Even if therapy was helpful, it was not enough. Intuitively, women began pulling together the missing pieces of their lives. They tried to get medical records, agency reports, copies of papers they signed--verifying for themselves the facts, and acknowledging for themselves their motherhood. Frequently the mothers decided to search for their lost child and this sometimes led them to a search and support group. Or they sought out a support group when the search "took over their lives" and, once again, they were having trouble functioning normally. Women often found acceptance for the first time, in the company of others with similar experiences, women or adopted persons who shared emotions similar to theirs and who shared the same longing for reconciliation and reunion. They realized they were not crazy; they were not completely

different from others who had lost a child, they were the same as others affected by adoption, they were not alone. As with 12-step programs, abuse shelters and other supportive environments, this "safety" and understanding was helpful in the healing process.

Reunion. Reunion was bittersweet. No one expressed regret at finding her child or being found, although many expressed regret at some aspects of search and reunion. Knowing something, even something disappointing, was better than not knowing. The "not-knowing" had taken so much energy and created so much anxiety through the years. Many felt they had lost 20 or 30 years of their lives because of the unresolved grief and the anxiety. However, the reunion did bring a renewed roller-coaster of emotions, joys that they never experienced before, and new pain over the real knowledge of how much had been lost. Perhaps most difficult was that mothers who found their children came to believe that their children have been damaged by adoption itself. And if the child suffered too, what was the point of it all? At least one-fourth of the found children had grown up in abusive homes. Life with the adoptive parents was not the perfect home that the women were promised and naively believed in. Now they had not only their own loss to cope with, but renewed guilt over the damage that they unknowingly caused to their children.

In spite of these difficulties with reunion, the search itself gave women more strength, and learning the truth about the child seems to have been an essential step in finally "getting on with my life." This search and reunion process was also politicizing. As the mothers learned more about what happened, their awareness and understanding frequently led to a more critical analysis of the social system.

The Transformation is Incomplete

In conclusion, this study indicates that the mothers were not transformed into non-mothers at all. At the time of relinquishment they believed that they were being the best mothers they could be by allowing their children to be raised by other parents. They were told that they would forget their children and a few believed the professionals who told them this.

For this group of women, however, there was no forgetting. "Never a day went by that I did not think of her." They gave birth, they worried about and "mothered" the child in absentia through the years. They employed psychics, prayed for the child, and sent messages into the unknown. When the child was old enough, they looked for the child. "I had to see for myself that he was all right."

Their motherhood was transformed, in that it was not the normal course of mothering, but they did not cease to be a mother by transferring legal rights to other parents. During separation, they found new ways to cope with being a mother and not a mother, In the process of reunion, they are looking for ways to mother a child who is "my child and yet someone else's child."

The rite of passage that would have resulted in motherhood for most pregnant women, is incomplete. For the women in this study, the separation phase was intensified and social pressures exerted to prevent their socially unapproved pregnancy from continuing into motherhood. At best the transformation did not get past a liminal stage. The women in this study have tried to incorporate cultural contradictions that are impossible to integrate. They are mothers who are not mothers to children who are "someone else's child" and yet their own.

Evaluation of Methodology

Usefulness of Life History Approach

For this research, I believe that the choice of life history narratives was the best way to learn why and how a woman would give up a child to adoption and then, how she lives with being a mother who is not a mother. The reasons why this approach is useful are several.

In adoption, the emotions are so intense and the issues so complex that a questionnaire would have been insulting and shallow. A questionnaire would also not have allowed the layering of response, would not have allowed the women as much control over the process, nor would it have encouraged the depth of thought and analysis that participants could bring to the life history process.

This method allowed women to tell their stories in their own way and at the pace that was comfortable for each one. She selects what is significant and provides the emphasis. By not asking specific questions at the beginning, I had minimal influence on the selection process and did not mold the presentation. The disadvantage to asking women to shape their own stories is that they may not address certain questions of interest to the researcher. However, since this was an ongoing process, I was free to ask additional questions in later communications and they were free to answer or not answer, as they wished. In general, if a woman did not refer to a topic, I did not ask questions about it.

Another advantage to this approach was one I was not aware of when I planned the research, but it became apparent as the stories unfolded, layer by layer. Each woman was asked to tell her story. Then I would write to thank her for her participation and ask questions that occurred

to me from the material she had presented. If she said, for instance, that "my mother and I didn't get along very well," I would ask her to explain what she meant in more detail and to describe the relationship. The stories were often fragmented, both revealing and concealing, in the way that I now realize is typical of trauma victims. It is through the patient putting together of fragments and allowing more and more things to emerge, that a truer picture is gained.

Thus there was another major advantage to this method of working: it had a therapeutic effect for the women participating. This can be explained with the help a few quotes from Judith Herman and from comments by the women.

> The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word *unspeakable*.
>
> Atrocities, however, refuse to be buried. . . . Remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims (Herman, 1992:1).

Herman continues by saying that victims of trauma have a conflict between the will to deny events and the need to tell them. She calls this the "dialectic of psychological trauma."

> People who have survived atrocities often tell their stories in a highly emotional, contradictory, and fragmented manner which undermines their credibility and thereby serves the twin imperatives of truth-telling and secrecy. When the truth is finally recognized, survivors can begin their recovery (Herman, 1992:1).

"The psychological distress symptoms of traumatized people," explains Herman, "simultaneously call attention to the existence of an unspeakable secret and deflect attention from it." Traumatized people alternate between feeling numb and reliving the event. They are prone to dissociation and have trouble "finding a language" that can convey their

experiences "fully and persuasively." A researcher who reports their experiences also faces challenges to the credibility of the story.

> Those who attempt to describe the atrocities that they have witnessed also risk their own credibility. To speak publicly about one's knowledge of atrocities is to invite the stigma that attaches to victims (1992:2).

Telling their stories and having their experiences acknowledged and validated became part of a healing process for some of the participants. "Nicole" expresses what many mothers said during the study. She says that "it was amazing to me how acknowledging my pain and the grief of losing my daughter has helped me." And the ongoing process stimulated her to examine more closely the contradictions of the adoption experience and the ways that adoption has affected other areas of her life, such as her relationships and work.

> Some questions you ask I really never thought about before and do want to answer. It just takes a while to get the answers out. Sometimes it hurts at first, but I find I'm able to put it into perspective while I'm writing to you and the process continues well after I mail the letter. . . . I don't see any harm in understanding my life and the impact of decisions made, only good. Your questions and comments get me to thinking and feeling. I don't think I would be able to respond well if your letters were more like questionnaires. Your comments and ability to relate to what I write helps build a trust . . . it feels safe to tell what I think. [Letter, Oct.-Nov., 1993]

Still, there is a delicate line between asking too much and not asking enough, especially delicate with women whose boundaries have not been respected in the past. "Darlene" explained her delays in responding to my questions and her assessment of the project's effects this way.

> I can only say that I am sorry that this has taken me so long to finish. I do have many reasons. . . . But, the one reason that relates to your research is that, at times, I have to take a break from adoption issues. Once in a while, without warning, I just stop doing things that relate to adoption. . . . It is hard to let my feelings surface after so many years of not letting them surface. . . [but] it is has been better for me to do this than it was in the past when I couldn't. Please, don't feel that your research is a cause of pain. Adoption is the cause of pain and it is important to have an outlet for this pain, which your research

> is providing. . . . It has helped me far more than you will ever know, to be involved in this research. Thank you. [Letter, Nov. 26, 1994]

Other participants observed that the act of writing out their experience has made them organize their thoughts and this has helped them to see more clearly for themselves, what the adoption experience has meant in their lives.

In summary, the life history approach helped all of us--researcher and participants alike--to understand and to put into perspective the relinquishment experience. It has also been instrumental, for some, in the healing process.

Choosing Parameters

The decision to examine long-term effects of adoption and to include only those who have relinquished at least 15 years ago turned out to be essential to the accuracy of research results. So many of the women reported a delayed reaction that the results could have been misleading if the project included women who have recently relinquished. This delayed reaction, this period in which the experience was unspeakable, also adds to the growing evidence that loss of a child to adoption is a deep trauma to the natural mother.

Is the Sample Representative?

The sample population includes women from across the United States and two from Canada. They represent a cross-section of women in terms of class affiliation, occupation, and other characteristics. The difficulty with all adoption studies is that records are closed and a "scientific" sample cannot be gathered. I believe that the women in this sample may

be the women who have survived the best. Women who have kept their experience locked away and who remain stigmatized have not volunteered. Women who may not have survived because of suicide or other self-destructive acts, could not volunteer. If the sample is biased, my hypothesis is that the women in this study are stronger than many and have been the most persistent in looking for ways to heal themselves and to gain peace and reconciliation.

Where was self-interest? Another question remains about the sample. One would think that some women chose relinquishment because it offered them the most advantages. Why are they neglecting to talk about relinquishment as an action taken in their own self-interest?

Only one woman in this sample, "Alice," says that her decision to relinquish was a good one for herself and her daughter. Yet even she searched for and found her daughter and says that they are very much alike and that she loves her and is proud of her. She is "happy to be her mother." This mother's ambivalence is evident throughout her narrative, even at the time of relinquishment, but at least she is satisfied with the way her daughter was raised and she sees that surrendering her baby daughter allowed her to complete her education.

Why are the other women not satisfied? Did they not gain anything by giving up the "burden" of raising a child as a single, unwed mother? The other women may have thought, at the time of relinquishment, that they would be able to achieve their own goals without the "burden" of the child. But if they believed that at one time, they have now forgotten. Any self-gain was obliterated by the immensity of their loss and the intensity and duration of the pain they endure over the years.

No one warned them of the damage this would have in all areas of their lives.

If there are women who have relinquished and are still satisfied with that decision 20 years later, 30 years later, they have not volunteered for this study. Again, why have no comprehensive follow-up studies been done by agencies and others who have access to the records? What would we find by opening the records and selecting a random sample of mothers?

Application of Research to Social Work and Adoption

The lived experience of these mothers who relinquished 16 to 51 years ago can provide essential information for those who are working with single, unmarried pregnant women today. The following will provide one example of how the information in this study might be applied to other work.

Pregnancy Counselors

Knowing that part of the mother's anger and dissatisfaction with relinquishment stems from their treatment by counselors, the following should be minimum requirements for pregnancy counseling:

1) Recognize that the baby's father and his family have an equal share of the responsibility and should have an equal share of the concern. Rather than asking the young woman "if" the young man is going to help her, ask "what role will the father and his family have in planning for the child?" There should be no public or private discussion of unwed mothers without including the unwed fathers. A child is conceived by two people and comes into two extended families at birth.

2) Recognize that the current vulnerability of the woman is likely to be temporary. Children and young women are the least powerful people in our society. A pregnant teen-ager today may well be a teacher or a lawyer tomorrow. Adoption is a permanent "solution" for a temporary problem. Rather than focusing on what the young woman cannot provide, allow her to see her potential and to visualize the life she wants to have five years from now, twenty years from now. If that life includes children, do not assume that she can have other children or that a subsequent child can replace the lost child. This is not true.

3) Provide full information to the pregnant woman, in writing. This should include alternatives to adoption, sources of potential help, an accurate statement about the adoption laws and her rights and responsibilities.

4) Allow recovery time from childbirth before requiring any surrender of parental rights, require witnesses to the signing of papers, and provide the woman a copy of what she has signed.

5) Avoid even the appearance of coercion and strictly avoid crossing the line between "guidance" and manipulation or coercion.

6) Provide accurate information about potential adoptive families. It is unethical to promise that an adoptive family "can provide everything that you cannot," when the odds may be higher than average the child will end up in an abusive home, or that the adoptive situation will trigger abuse. It is also unfair and stressful to the adoptive family to place this burden of perfection on them.

7) Provide accurate information about post-relinquishment grief and loss and prepare her for the possibility that she and her child may suffer long-term negative effects because of the adoption.

8) Let the adoptive family know that a mother who relinquishes a child because she wants the best for him or her, will not forget about the child but will continue to be concerned and anxious, and may seek a reunion at a later date.

This list of necessary changes in pregnancy counseling could be expanded many times over, but this gives some indication of how the research results may be applied to current counseling practices.

Caution against racism. Since the birth mothers and the social historians verify that white unwed mothers are treated very differently from women of color, this contradiction should be examined and racially specific practices abandoned. If adoption is the best option for white women whose babies are adoptable, then why is that not the option promoted for women of color? Are we saying that white women have more potential and should not be burdened by a child, but black women do not and should, therefore, take care of their own children? Are we saying that mother love is important for babies of color, but that white babies can be transferred from one mother to the other without harm? There are too many sides to this issue that have been masked and avoided. The double talk and contradictions of adoption are very evident in the comparison of pregnancy counseling and adoption in "white" and non-white populations. This is a another major topic that has only begun to be examined.

Relevance of Study to Social Policy

Social policy is turning once more to the idea of forced separation for unwed mothers and their children, and the use of orphanages for children who are not adoptable. This study of

relinquishing mothers indicates that a policy of separation would be devastating to the women, harmful to the children, and would add to the social problems, not provide solutions. Special-interest groups promote "adoption not abortion" or adoption for all illegitimate children without providing evidence that this will save lives or save money.

One study proposed and designed to substantiate the positive effects of adoption is seriously flawed. The widely-publicized, million-dollar, national "Growing Up Adopted" study funded through the U. S. Department of Health and Human Services, National Institute of Mental Health was publicly unveiled at a national meeting of the Adoptive Families of America in Minnesota in 1994. It is flawed both in design and in interpretation of results. One of the most obvious omissions is the exclusion of birth families. Here was an opportunity to evaluate the satisfaction of both the adoptive family and the birth family. The files were opened enough to contact adoptive families; why were birth mothers not contacted?

The study is flawed for what it includes as well as what it excludes. The sample of adoptive families was drawn from five midwestern states, through adoption agencies, mostly Catholic and Lutheran. Fifty-one agencies were invited to take part; and 42 agreed to participate. Fifty percent of the families approached for the study refused to take part; and adopted persons were not allowed to take part unless their parents gave them permission to do so. Thus the pool of potential respondents is already limited and contains a likely bias towards the happiest and most satisfied adoptive families.

Other sample characteristics indicate that the sample is not representative: 33% of the adoptees were transracially adopted American

Indian, Asian, African American, or Hispanic teens adopted by Caucasian parents; most were Korean-born adoptees. The type of adoption used for the study was that of infants placed in the adoptive home when younger than 15 months. None of the adoptions were arranged through private intermediaries such as lawyers and doctors, although most adoptions now are arranged privately.

Income and education are also not representative of the general population. Fifty-four percent of the families made more than $50,000 annually; 10% made over $100,000. More than half of the adoptive parents were college graduates. Thus, the study is not representative of all adoptive families in the United States.

In addition, the conclusions that have been reported in such positive terms in the media have both a language bias as well as a substantive bias. The reports say that "most adoptive families report strong attachment." The percentages from the questionnaires are these: 16% of the adoptees [who were allowed to participate] report that they do not feel attached to either parent; 54% are attached to both parents. On the other hand, 95% of the adoptive parents say that they are strongly attached to the child. In these apparently happy adoptive families, the disparity between adoptees' perceptions and the adoptive parents' is striking. What would the responses have been in the 50% of the families who refused to take part in the study?

When answering the question, "Do you want to meet your birth parents?" Seventy percent of the girls said that they wanted to meet their birthmother or birthfather and 57% of the boys who were adopted wanted to meet their birthmother or birthfather. This is a strong indication that the "as if born to" principle for American adoption is

not realistic. Even reportedly happy, well-adjusted adoptees want to meet their birth parents and are willing to offend their adoptive parents to say so.

In the earlier evaluation of the use of life history materials, I state my hesitation about using questionnaires. Several adoption reform critics have also mentioned this limitation of the adoptive families study (Internet response, AAC and CUB newsletters). Betty J. Lifton, adoptee and author of several books on the adoption experience, says that researchers have to be aware that adopted persons have learned to repress their feelings in order not to hurt their adoptive parents. A questionnaire, especially one designed by and for adoptive parents, and answered by permission of adoptive parents would not reflect the true psychodynamics of the family (comments printed in November 1994 CUB Communicator).

In conclusion, it is premature to make sweeping changes in social policy that would separate natural mothers and children and promote adoption without some evidence that this would be a positive reform.

Suggestions for Further Research

This grounded theory approach to the study of relinquishing mothers yields observations, descriptions, analysis and hypotheses for further research. The information generates many questions, from basic issues in kinship and family, to adoption practices, race and gender inequalities, social work practices and others.

One major question is this: Is there a durable bond that is formed between mother and infant prior to birth that, at least in some cases, survives numerous deprivations and attacks? Why is it that the mothers

in this study did not forget their children and most felt compelled to find them and see how they had fared? This could not have been from a bond formed after birth because at least seven of the mothers were prevented from even looking at their infants and very few had post-partum contact with their children. Likewise, but not contained within this study, why do so many adopted persons seek out the mothers who gave birth to them? Some would answer that it is only curiosity. But "curiosity" does not explain the compulsion felt by the women in this study nor the need observed in my contacts with adopted persons.

A second hypothesis that is related to this first one and also emerges from the life studies is this: A woman does not <u>choose</u> to relinquish a child to adoption (to break whatever bond there may be) unless certain prior trauma has occurred <u>and</u> certain conditions exist during pregnancy and immediately after birth. These conditions include the failure of the father and the grandparents to claim the child and outside pressures on the mother to relinquish. In other words, a healthy woman with social support does not relinquish her child to strangers.

A third hypothesis is that separation of mother and child immediately after birth is traumatic and leads to unresolved grief and mourning, especially under the conditions that women in this study relinquished.

Another hypothesis is that the grief and mourning themselves are evidence of a strong bond. In other separations such as death and miscarriage, this is assumed to be true; why would it be different for adoption loss? Perhaps the real question is why has our society refused to acknowledge that adoption loss is traumatic?

There are other sets of hypotheses or questions that arise from the domain of kinship, and from the intersections of shame and stigma with certain classes of behavior. I have not dealt with these here, although these questions are implicit throughout the work and are certainly deserving of research.

In conclusion, the transformations of motherhood that occur for unwed mothers are different than those which occur in the normative rite of passage for socially approved pregnant women. For "unmothered" women, the risks of safe passage into motherhood are increased. In addition, the transfers of motherhood that occur in adoption have only begun to be examined and are certainly not yet understood. The legal transfer of motherhood from birthing mother to adopting mother does not end the birth mother's interest in her child nor does it necessarily ensure that the adoptive mother feels secure in her "claiming" process.

GLOSSARY

adoption	Taking a child into one's family through a legal transfer of parental rights from natural parents to adoptive parents. In American adoption, all rights are transferred.
adoption reform	Adoption reform advocates ask for recognition of the significance of biological kinship. Adoption reform goals are to open adoption records for all adult adoptees and their natural relatives and to protect biological families from unnecessary separation.
adoptive parents	Adoptive parents are those who become parents through a legal transfer of parental rights. Informal adoption, such as foster parenting or extended family child care does not, in this context, transform unrelated individuals into adoptive parents.
birthmother	A mother who gives birth to a child and then relinquishes her parental rights and does not raise the child.
birthfather	A father who helps to conceive a child but does not parent the child.
Concerned United Birthparents	A search and support group for mothers who have relinquished a child to adoption and for others who have been separated through adoption.
eugenics	The study of improving the human species by improvement of inherited qualities. The eugenics movement in the United States was responsible, for example, for promotion of sterilization for mentally or physically "deficient" people.
fictive kinship	A form of socially derived kinship that is not based on birth or marriage, as in adoption or godparenthood.
foster parents	Parents who shelter and nurture a child but do not have permanent and legally established parental rights.
natural parents	Parents by birth. This term has fallen out of use in adoption circles because some adoptive parents felt that their parenthood, by implication, was "unnatural." This term is also problematical in the technologically assisted births when the sperm donor, the egg donor, and the "incubating mother" may not be the "real" parents, even though no adoption has occurred.

open adoption	A form of adoption in which some communication with or acknowledgement of birthparents is negotiated. This may be as little as an initial exchange of letters and photographs through an intermediary or as much as an extended family arrangement in which the natural parents have an ongoing role in the child's life. At present, no open adoptions can be backed by law because of sealed record legislation.

APPENDIX A
ADOPTION RESEARCH PROJECT

The University of Florida Adoption Research and Archives

This dissertation research is the first part of a larger project which will include adopted persons, adoptive parents and others who are affected by adoption or who are involved in adoption-related work. The institutional framework for the larger project is the University of Florida Adoption Research and Archives (UFARA). It was established in February, 1993, to identify, collect, preserve, interpret, and make available to researchers materials about American adoption, and relevant cross-cultural adoption information. The project is sponsored by the University of Florida Department of Anthropology in cooperation with the University of Florida George Smathers Libraries, Department of Special Collections.

Information Sheet for Birthparents

The following information was provided to potential participants in the University of Florida Adoption Research Project.

For Birthparents:

> Thank you for your interest in participating in the Adoption Research Project. The purpose of this research is to document the lifetime effects that adoption has for adoptees and birthparents; a later project will include adoptive parents. These experiences will form the basis for articles and, when complete, a book.
>
> Participants will not be identified by name or other identifying details in any publication. If you want to be

identified, please indicate that in writing. Some may be glad of the opportunity to speak openly, without the forced anonymity of adoption.

The first stage of the research is to gather narratives--either through open-ended interviews or through letters. Each person should talk about what is significant to him or her. By not asking specific questions or asking you to cover particular topics, your answers won't be shaped by the researcher and your own concerns and individual experiences will have priority.

Please do include the following basic information:

1) Your birthdate and place of birth;
2) Upbringing or early experiences that seem relevant;
3) Events (emotional or situational) prior to and during the period of pregnancy;
4) Description of the relinquishment and the people or agencies who were involved (include the date of surrender).
5) Description of your life since that time. For instance, how have you been affected by the loss of your child and by the other losses related to the pregnancy and relinquishment (such as your relationship with the baby's other birthparents, relationships with family and friends, loss of respect or self-esteem, change of residency, etc.). Has this experience affected your later relationships or your attitudes and beliefs? Have you had a reunion?

Please include as much detail as needed; some people write only a page or two at this stage, others write ten or fifteen.

In the second stage of the research, I will arrange in-depth interviews with a number of the original participants to gather extensive life histories, addressing the topics that occurred most frequently in narratives from the first stage of research.

Please reply to the address above. Thank you for your willingness to share your adoption experiences with others.

APPENDIX B
CHARACTERISTICS OF THE SAMPLE POPULATION

RESIDENCE OF MOTHERS -- 22 states and Canada

CURRENT ADDRESS		AT TIME OF RELINQUISHMENT
AZ	2	23 states and Canada
CA	5	
CO	1	
CT	1	
DE	1	
FL	18 (10 different towns)	
IA	1	
IL	1	
IN	1	
KY	3	
MA	2	
MD	3	
MI	2	
MN	1	
MO	1	
NJ	2	
NY	2	
OH	2	
OK	1	
OR	2	
RI	1	
VA	1	
CANADA	2 (Ontario and Alberta)	Total of participants = 56

HOW MOTHERS WERE REFERRED TO RESEARCH PROJECT

Contacted researcher for search and support help	16
Saw notice of research in CUB newsletter or met through Concerned United Birthparents	18
Heard about research through other support group	5
Referred by therapist, lawyer, other	4
Met at adoption-related meeting	4
Responded to magazine or other media report	4
Referred by friend	3
Not reported	2
Total =	56

LENGTH OF TIME PARTICIPANT KNOWN TO RESEARCHER

Six months to two years	=	38	67.9%
Three to five years	=	13	23.2%
More than five years	=	5	08.9%
Total	=	56	100%

DECADE IN WHICH MOTHER WAS BORN

1920s	=	2	03.6%		
1930s	=	12	21.4%	1950s =	15 26.8%
1940s	=	25	44.6%	1960s =	2 03.6%
				Total =	56 100%

Sample Characteristics Edwards Adoption Project

DECADE IN WHICH MOTHER RELINQUISHED

1940s =	2	03.6%
1950s =	9	16.0%
1960s =	30	53.6%
1970S =	15	26.8%
Totals:	56	100%

(For the four mothers with more than one relinquishment, the date of first relinquishment is used.)

AGE OF MOTHER AT FIRST RELINQUISHMENT

Ages 14 to 18 =	17	High School age	30.4%
19 to 23 =	31	College age	55.4%
24 to 31 =	8	Young adult	14.2%
Total =	56		100%

SEX OF BABIES WHO WERE RELINQUISHED

Boys =	35	57.4%
Girls =	26	42.6%
Total =	61	100%

(One mother relinquished 3 children, three mothers relinquished 2)

Fifty-seven children were relinquished at birth; four were older than three months, but less than two years.

YEARS ELAPSED SINCE FIRST RELINQUISHMENT

15 to 19 years ago	4 mothers	07.1%
20 to 24	11	19.6%
25 to 29	20	35.7%
30 to 34	9	16.1%
35 to 39	8	14.3%
40 to 44	2	03.6%
More than 45 years ago	2	03.6%
Total	56	100%

Range of years since relinquishment, 16 to 51 years ago.
52 of the mothers relinquished more than 20 years ago.

RELIGIOUS PREFERENCE OF RELINQUISHING MOTHER

Catholic =	18	32.1%
Protestant =	20	35.7%
Jewish =	2	03.6%
Not reported	16	28.6%
Totals	56	100%

Sample Characteristics — Edwards Adoption Project

MARRIAGES OF MOTHERS WHO PARTICIPATED IN PROJECT

Never married	7	12.5%
Married once	30	53.6%
Married twice	14	25.0%
Married 3 times	3	05.3%
Not reported	2	03.6%
Totals	56	100%

Married to birthfather = 10 17.9%
Prior to relinquishment 2
After relinquishment 8

	EDUCATION AT TIME OF SURRENDER		EDUCATION AT PRESENT	
High School	31	55.4%	20	35.7%
Some college	19	33.9%	19	40.0%
Post-graduate	2	03.6%	11	19.6%
Not reported	4	07.1%	6	10.7%
Totals	56	100%	56	100%

(Women in the research project typically did not discuss their education or their work, either at the time of relinquishment or at present.)

RESIDENCE OF MOTHER DURING PREGNANCY

Maternity Home or Group Home	30	53.6%
Lived independently	7	12.5%
Lived with Birth Father	5	08.9%
Sent to Live with Friends or Relatives of Parents	5	08.9%
Lived with Parents	3	05.4%
Worked for Room & Board in Home arranged by agency	2	03.6%
Not Reported	4	07.1%
Totals	56	100%

ADOPTIONS ARRANGED BY

Lawyer and/or Doctor	13	21.3%
Agency, public or private	40	65.6%
Not reported	8	13.1%
Totals (61 children)	61	100%

Sample Characteristics Edwards Adoption Project

OTHER BIRTHS TO MOTHERS, BY CASE NUMBER

1) 4
2) 2, and 2 abortions
3) 1, born with fatal liver disease
4) none, medical mistreatment
5) 1
6) 1
7) 3
8) 5
9) 2
10) 2, prior to relinquishment
11) no, medical mistreatment
12) 3
13) 2
14) 1, born after reunion w/first
15) no
16) no
17) 2
18) 2
19) no
20) 1
21) no
22) no
23) 1 and 1 miscarriage
24) no, 3 miscarriages
25) 2
26) 1, also relinquished
27) 1, also relinquished
28) 3
29) no, unable, adopted 2
30) 1
31) 5
32) no
33) 1
34) no
35) no, 2 abortions
36) 4, one of these also relinquished
37) no, 1 miscarriage
38) 2
39) 2
40) 5
41) not reported
42) 1
43) 2 others, also relinquished
44) 2
45) no
46) 1
47) 4
48) no, 2 abortions
49) 3 prior to surrender of 4th
50) no
51) 2
52) 1 plus 2 adopted
53) no
54) no
55) 1
56) 2, 1 miscarriage

Sample Characteristics — Edwards Adoption Project

OTHER BIRTHS TO MOTHERS, continued

Totals:	No other children born to her	18	32.1%
	1 other child born to her	14	25.0%
	2 other children born	13	23.2%
	3 other children	4	07.1%
	4 other children	3	05.4%
	5 other children	3	05.4%
	Not reported	1	01.8%
	Totals	56	100%

BIRTH FATHER'S RESPONSE TO WOMAN'S PREGNANCY

Abandoned mother (denied paternity, fled the country or area, etc.)	28	50.0%
Willing to marry, but families objected or they changed their minds	5	08.9%
Birth father "didn't participate"	5	08.9%
Birth father insisted on adoption	4	07.1%
Mother rejected birth father	3	05.4%
Birth father abusive, mother fled	3	05.4%
Pregnancy result of date rape	3	05.4%
Birth father married to someone else	2	03.6%
Pregnancy result of child molestation and rape	1	01.8%
Not reported	2	03.6%
Totals	56	100%

Fathers who indicated a willingness to parent and help support the coming child	1
Fathers who were definitely unavailable to the mother and child	46 (82%)
Not certain what birth father wanted	9 (16%)

(Three mothers had been sexually active with more than one man and were not absolutely certain of paternity; several others said that they were certain of paternity but were toldS by the lawyer or agency to sign a paper claiming they did not know paternity of child.)

COMMON FACTORS IN LIFE HISTORIES OF RELINQUISHING MOTHERS

1) Death of Parent in Childhood or Adolescence 23.2%

Mother died: 10 Father died: 3 Total: 13

2) Abandonment by One or Both Parents (including disappearance after divorce) 16.0%

Both parents: 3 Father only: 6 Total: 9

3) Separation from Parents in Infancy, then rejoined family

2 participants 03.6%

Sample Characteristics Edwards Adoption Project

4) Death of Other Family Member or Loved One
prior to Pregnancy = 7 12.5%

(These numbers could be higher. Questions about deaths, abandonment, and separations were not asked directly of participants; these are reported in the narrative or during conversations. See information sheet provided to participants, Appendix A, for categories of response that were requested.)

5) Difficulty in Mother or Stepmother Relationship

a. Described as hostile, unloving, critical, cold or abusive 38 or 67.9%
b. Good or "good enough" except for period of pregnancy 6 or 10.7%
c. Loving but difficult because of alcoholism or other factor 4 or 07.1%
d. No mother relationship after death of natural mother (father did not remarry) 2 or 03.6%
e. Not reported 6 or 10.7%

Percentage of "unmothered" relinquishing mothers of the 50 who reported this relationship 80% to 88%

(combination of category a. and d. is 40/50 = 80%
combination of categories a., c. and d. is 44/50 or 88%
of those reporting)

6) Abusive Relationships Prior to Relinquishment

Sexual Abuse by mother: 1 by father: 3
by other: 6
Total = 10 or 17.8%

Parental Physical or Psychological Abuse 41 or 73.2%
(this may include sexual abuse, as the women did not always specify)

6a) Abusive Relationship with Husband or Birth father

Abusive husband or boyfriend,	24	42.9%
Not reported	24	42.9%
Reported good relationship	8	14.2% = 100%

7) Alcoholism Reported in Life Histories

Grandparents	4
Parents (one or both)	13
Birth mother	4
Husband	5
Birth father	5
Not reported	33

Grandparent's generation	4	07.1%
Parents' generation	13	23.2%
Birthparent generation	14	25.0%
Not reported	33	58.9%

Sample Characteristics Edwards Adoption Project

8) Depression and Mental Illness

Virtually all mothers participating in this project reported periods of severe depression. Some have been hospitalized, others are currently under the care of a physician and taking medication. Some have been in therapy for years; others have found ways of coping on their own. Many have found or been referred to support groups for survivors of sexual abuse and support groups for people affected by adoption. Most have said that search and a reunion with their lost child (now an adult) has been one stage in an ongoing effort to heal. Two reported hospitalization for "nervous breakdown" and one reported long-term treatment for manic-depression.

SEARCH AND REUNION STATUS

1) Mother and Child have Found Each Other

Mothers who have found or been reunited with at least one child	=	41	73.2%
Mothers who are searching	=	12	21.4%
Not yet searching, children aged 16 and 18	=	2	03.6%
Not reported	=	1	01.8%
Total	=	56	100%

(One of the mothers has found two of her children, thus 42 of the 61 children are "found")

2) Gender of Adoptees Who Searched For and Found Mother

Male = 1 Females = 4

3) Gender of Found Adoptees

Male = 22 Females = 15 Total "Found" = 42

(At least two reunions were mutual searches, reunited through International Soundex Reunion Registry)

4) Status of Reunion Process

1 daughter has been located, has not returned contact
2 sons refused contact
2 sons broke contact after initial "good" reunion
2 sons rejected contact initially, now want some communication

Reunion is an ongoing process. Five "reunions" are currently rejections.
5 of 42 = 11.9%
37 adopted persons have continuing contact with at least one member of birth family = 88%

(Two of the birthmothers who were found would not have initiated searches but did not reject the adoptee. Neither has met in person.)

SATISFACTION WITH WAY ADOPTEE WAS RAISED

Only two mothers say that they believe their daughters were raised well; others who have met believe that adoption was harmful to their child.

Sample Characteristics Edwards Adoption Project

ABUSE AND/OR ALCOHOL PROBLEM IN ADOPTIVE HOME

10 of the 37 children met or communicated with are known to have been raised in abusive homes (including one suspicious death) = 10/42 or 23%; or more accurately 10/37 = 27%

This is a conservative figure because it includes physical and sexual abuse, but excludes psychological abuse because this category is more subject to differences in interpretation. (I have personally interviewed only two of the adoptees in this study; both of these had several adoptive and foster parents, at least one of whom was abusive).

APPENDIX C
SUMMARIES OF LIFE HISTORIES

Brief summaries of each birthmother participant in the Adoption Research Project are provided. As much as possible the same information is included for each. All names have been changed and identifying details left out. Nothing has been added; there are no composite figures here.

1. Courtney - Born in 1947, father in the Navy, mother working outside the home to help support the five children. The family moved frequently. Courtney was the oldest girl and much of the responsibility for care of the household and children was given to her; she "became estranged from" her mother. Her father was alcoholic and violent when drinking. Courtney became pregnant at 19 and was deeply shamed because she had been the "good girl" -- the role model as well as caretaker for her younger brothers and sisters. Also, she was in love with two men at the time and could not decide which one to marry. Both left her and she went out of state to a maternity home. She feels betrayed by the home and the social workers who took her savings and then would not provide information to help her keep her child. Her son was born and surrendered in 1967; she has been searching for him, but with no success.

> "I want to see my son again. I want to tell everyone that adoption is no solution. I know that I made mistakes when I was young, but I believe that giving up my baby was too steep a price to pay. . . I would have been a good mother if I had been given that chance. . . . I've regretted it ever since."

She has a college degree and has supported herself and others.

2. Marianne - mother and father married for 13 years when she was born, in 1949. Father loved her; mother saw her as an interference with her relationship to the father. Marianne's father was found dead on his bedroom floor December 22, 1963, when she was 14. After his funeral she

was "alone in a house with a mother who never wanted a child," and did not like her daughter. Marianne became sexually active, "promiscuous," for two years. Then she settled into a stable and loving relationship with a boyfriend who treated her well. She became pregnant at 18 and hid her pregnancy as long as possible. When her mother discovered it, she forbid the boyfriend to see her again, even though he had given Marianne a diamond engagement ring and they wanted to marry. Her mother sent Marianne to a distant state, paid for her keep, and arranged the adoption. Marianne has been married three times; the first two abusive; she has two other children.

> My mother has never mentioned the baby or anything about those sad nine months. She expected me to pick up and move on. My body moved on, but my heart and soul continue to mourn the loss of my first born child.

3. Darlene - "My mother liked to control things," says Darlene. She was born in 1954; her mother divorced her father when she was a toddler and married the man she was pregnant with. Darlene's stepfather was sexually abusive, but "kinder" than her mother who was punishing, distant, and alcoholic. Darlene met her real father when she was 16. She became pregnant at 17 and the birthfather denied paternity; he was afraid this would interfere with his career plans. Darlene's mother arranged the adoption privately. After the adoption, the birth father "admitted paternity and showed some interest." Darlene gave birth to one other daughter, when she married. That child was born with terminal liver disease and died after a transplant, age 12. Darlene sank into deep and completely debilitating depression after her daughter died when she was grieving for both her daughters. Darlene has located her first daughter but has had no contact with her.

> . . . if you think that adoption is always a free choice, and never used as punishment, think again. My mother was a cruel woman and she used a cruel institution against me. . . . Was it "best" for the baby to be adopted I don't think so. Someone should have helped us both to get out of there.

4. Roseanna - Born in 1924 to parents who were 40 and 46. "Upbringing - Sixth sibling in family of eight. Domineering mother and passive, alcoholic father." Roseanna said that when she was two, her mother had twin daughters and the "relationship of love with mother, pretty much terminated." She was brought up in a harsh, "barren" home and when she left, "all my possessions fit into one brown bag." She wanted to escape her family, but started dating a young man who, unbeknownst to her at the time, had already had one paternity suit filed against him. He left her the night she conceived and started dating a girl with a bigger farm. After the maternity home collected from the court judgment against the birth father, the court also forced her to relinquish her 3-month old son. Thirty years later, another court ruled that this had been unjust and allowed her to know her son's name and address. Because of medical maltreatment at the first birth, Roseanna was unable to have other children although she did later have a good marriage and is a registered nurse with graduate training.

5. Andrea - describes herself as a "recluse." Born in 1932 to a family with addiction problems, her father was violently abusive and an alcoholic; her mother later became an alcoholic, but was more loving than the father. Andrea had escaped her home and was living with her boyfriend. When she became pregnant, the birth father took no interest in the baby and she surrendered at birth. Her daughter found her some 40 years later. Andrea would not have searched and was upset at being found; she had tried to bury the past. Now, she would like very much to

have a relationship with her daughter, but the daughter, whose adoptive parents died when she was 16, is wary and punishing. The daughter found her birth father and they have a good relationship. This hurts Andrea.

6. Linda - Linda's father left the family when she was 10 years old and married his secretary. He was a lawyer and later a judge, but refused to support his children and her mother had no training and had to support the family on minimum-wage jobs. Linda was shifted from relative to relative, "none of whom really wanted me." She was a senior in high school when she met an Iranian soldier training at an Air Force base nearby. She fell in love with him and when she became pregnant, she thought they would marry, but he said he could not marry an American and went back home. Her mother contacted social services; Linda was sent to a maternity home and after much unethical, if not illegal, "counseling," she relinquished her newborn daughter. When her daughter would have been 11, she contacted the agency to tell them that she had diabetes and perhaps the adoptive family would need to know this. She was told that her daughter had died. After years of fighting to get information, an anonymous phone call yielded her daughter's adoptive name. She learned that her daughter had died of multiple skull fractures when she was a year old. Linda visits her grave.

> I am so very sorry I listened to people who were supposed to be trained and qualified to give me the best advice for my child's life as well as mine and then used force to carry out their advice. . . . All the counseling in the world will never erase the pain of my child being stolen from me. My life was never the same after I relinquished her and my life will never be normal. . . . My hope is that any women who thinks she must place her child for adoption, that she makes an informed choice. . . . I would have been the best mother for my child had someone helped me just a little.

Linda went on to college and has "a good paying job."

Nancy - born in 1958 and raised in a "turbulent" family. Nancy was raped by a 21-year-old neighbor when she was 14 and her mother and stepfather forced her to get an abortion when she was about six months pregnant. No one would even tell her whether it was a boy or a girl. Sometimes she wonders if that child might have lived. At 16 she became pregnant again, this time by her boyfriend. She was sent to a maternity home and felt abandoned, as no one came to visit and many years later, she learned that the social worker had told her mother not to visit. Nancy refused to sign surrender papers for many weeks after the birth, but they would not tell her where her son was and she was repeatedly told that if she loved him, she would sign the papers. . . and that if she could not pay the medical bills for both, she had no choice but to sign or have the courts force her to turn over custody. Nancy later married, has several other children and still grieves for her son, whom she would very much like to find. Her family is now behind her and they also want to find him. He was born in 1974.

8. Marlene - has been married 37 years to the same man. "We raised four girls and one son. Our firstborn was a son we were talked into giving up for adoption because we weren't married at the time. . . . " Marlene's mother died before she was six years old and at first she went to live with her grandmother and godmother, whom she "loved dearly." But when her father remarried, she returned to her father and brothers. Her stepmother abused her "physically, verbally, and emotionally" and her father sexually abused her from 15 to 18, when she ran away from home for the last time. Marlene's husband is the only birth father who agreed to an interview. He was "not absolutely sure" that the first son was his and did not want his friends to make fun of him; he also "did not want

the legal responsibility." He is Jewish, his wife was Catholic; he could not tell his parents even when they married. They found their son in 1992; neither parent thinks he was raised well. Mary says her son's mother "was fanatically overprotective and his father was a functioning alcoholic."

> Yes, our values and goals were very different. They bonded but also "bound.". . . When I compare the children I raised to the one I relinquished, I am convinced beyond any doubt that I would have done a better job of raising him myself.

9. Rachel - the youngest of three children born in rapid succession to a mother who was already shamed because she had become pregnant out of wedlock and had to marry at age 17; the mother became "the black sheep" of her family. Both daughters emotionally abandoned by mother from infancy as they were "competitors" for the father's attention. Rachel's older sister was sexually abused by the father. Multiple murders on the "good side of the family" shattered the only solid part of Rachel's world when she was a senior in high school. By graduation from college, depression had deepened to the point of dysfunction. She "fell in love" with a man she later learned did not love her and did not, after all, want marriage or a child. She fled in shame to another state, found a job and intended to raise her child alone. When she lost her job for being pregnant and not married, she lost any chance for independent decisions and sought help with the wrong agency; one that arranged adoptions in exchange for "help" for unwed mothers. She "lost 20 years of my life" in silent and unrelieved grief for the son who was born and lost in 1965. She was often suicidal and felt "dead on the inside." She found her son when he was 20 and feels

that he has been emotionally damaged by the adoption. She and the birth father have two other children, born within marriage. They divorced.

10. Morgan - born in 1948 into a coal miner's family. She escaped an unhappy home life by marrying early. There were two daughters from that marriage, which ended in divorce. Morgan became pregnant after one year with another man who was an alcoholic and became abusive during the pregnancy. He threatened to kill the baby and she went home to her parents, but they kicked her out and she was sent by social services to a maternity home. When her son was two months old, she had a nervous breakdown and social workers convinced her that she had to give him up in order to get medical care for him. They claimed he "had a hole in his heart." One of her daughters drowned while in the care of her ex-husband; the other daughter is living and has a child who brings great joy to Morgan's life.

> The day I signed the relinquishment papers was the worst day of my life. . . . Until three months ago, I had buried the pain so deep but on February 9th I remembered it all and felt like I was going to smother to death. . . . I know in looking back now that a lot of things I have done is because I couldn't face this awful pain. . . . They lie to you when they say you'll forget. . . .

11. Jackie - born in 1939 to a mother who "gave up a prestigious job and a promising career" to raise children and advance her husband's career. Jackie's father was a lawyer and a "pillar of the community." Jackie was her father's favorite and says that her mother was very controlling and seemed to see her as a competitor; they were both headstrong and often clashed wills. Jackie was graduated from college and away working when she became pregnant. She wanted a child and loved the birthfather, but he was already married and did not want to have anything to do with her from the time he learned about the pregnancy.

When she told her parents, they told her to come home so that they could help her--and then immediately took her to a maternity home, where it was arranged beforehand that the child would be adopted. Jackie felt that she was in prison and subjected to weekly "brainwashing sessions" where she was told over and over that it was for her child's good to surrender him and that if she really loved him, she would let him go to a home with two parents who could provide everything. Jackie's life has been devastated by being a "mother and not a mother." Medical mistreatment contributed to her later inability to have children. She found her son when he was still a child, but did not contact him or meet until he was in his 20s.

12. Diane - Diane was 20 when her son was born in 1970. The birth father left her when he knew about the pregnancy and she did not think she could raise a child alone, in a small town, with the stigma of illegitimacy. She made arrangements for adoption and signed surrender papers which she was told were "irrevocable" about four months before the baby was born. She did not know the law and did not know until her son found her that the relinquishment was illegal and she could have kept him. By the time he was born she had changed her mind and thought she would have been able to find help, even from her parents, but the lawyer had said very adamantly that once she signed those papers, that was it. She says that she prayed every day of their separation that he would come knocking on her doorstep some day. He telephoned first. Her son had been rejected by his adoptive mother when he was a young child and the adoptive parents divorced, so the biggest difficulty in their reunion has been her present husband, who does not want to accept her newfound son.

13. Carolyn - Shame was the driving force in Carolyn's pregnancy and relinquishment. She was born in 1943 and away at college, homesick and alone when she and a friend she had met in a biology class "ended up making love" and she became pregnant. The friend was kind and wanted to marry her, but his father set up a meeting with her parents and the four parents decided that she would go away, have the baby and give it up to adoption. "There was no counseling, no assistance with decision making, no decisions to make. At the time I felt I was doing the very best for my baby. My mother was very dominant in my life at the time."

Carolyn became pregnant again five months after surrender, when she was dating a boy from her home town. This time she married the father--a mismatch from the beginning. This ended in divorce and Carolyn raised two kids alone, for 14 years. She then married an older man and in this very happy, very secure marriage, she "fell apart."

> In 1986 I woke up one morning filled with pain--deep, deep pain way down inside of me. Crying did not help it go away. All I could think about was my daughter and trying to find her [23 years after]. . .

The pain that came shooting through her, Carolyn describes as a sharp, searing pain that left her choking, smothering, and then drained. She has found her daughter and discovered that this is not the end of the journey but only the start of another one. Some of the "shame and pain have drained off" of her, but "it still comes up, over and over." Her church group has been a help in healing, and once she began to talk about adoption, other people began talking and she started a support group which includes all triad members, and meets in her home.

14. Lane - Lane wanted to be a "flower child." Born in 1948 to parents who were both engineers, she was separated from her mother at

the age of one and sent to live with grandparents because her mother had tuberculosis. She describes her family as "polite but distant." She chose adoption more freely than most because she did not want to marry and give up the free lifestyle she had in the 1960s. However, she loved being pregnant, came to love her daughter very much before the birth and wanted to keep her. An adoption had already been arranged and she could not get out of it. She knew, from the sham at the hospital that the lawyer was doing something "cloak and dagger" but she had no way to control anything. She was immediately in a post-partum depression which did not leave her. Through a psychic and meditation, she found the baby's father when their daughter was 12 and they agreed to find her, which they did when she was 21, right after Lane had suffered a miscarriage. After the reunion, Lane and her husband had a child--her first since the relinquishment some 20 years earlier.

15. Alice - Alice was born in 1945; her mother developed cancer after the birth of her younger brother and died three months before Alice was 12. "I guess I went into 'shock' as the next few years are mostly a blank as is most of my childhood." Alice's sister was her father's favorite; he was critical and abusive to Alice. "What kept me going was the knowledge that I wanted to go to college and be either a teacher or a librarian. That was my goal since second grade." She was "mostly a loner," tried to commit suicide when she failed Spanish at 17. Alice did not date very much and the birth father was a married man getting a divorce. She did not see him after the night she got pregnant. Her best friend was illegitimate and his mother offered her a place to stay over the summer and then Alice went to a maternity home for the last months of her pregnancy and decided on adoption. Her friend killed

himself a month before the baby was due and she named her daughter after him. Alice is the only one of the participants who believes that adoption was the best choice for her at the time; otherwise, she could not have finished college. She has found her daughter, is relatively pleased with how she was raised, and says that "I probably would have been better off not having had her, but I wouldn't trade her for anyone and I am glad that she is alive and well and that we are friends." She says that disassociation is her way of coping and that it still seems like a dream to her. "I never grieved, so I never healed."

16. Paula - born in 1942, gave birth to a son in 1965.

> Although the relinquishment took place 28 years ago, I feel very strongly as if I am still being punished. The secrecy, isolation, lack of support, and the manner in which I was treated by everyone, all contributed to make this a traumatic event in my life.

Paula was the third "and very unwanted" child in the family. Her father died when she was three of alcoholism and she and her mother were never close. When she was born, her mother had a black eye and was bruised over her body from the beatings her father gave to her. Paula was raised by her grandmother who also did not like her. She was a student at college when she became pregnant. The birth father "left the country for an extended visit to relatives," and she faced her family alone. "They were devastated by shame." They arranged an adoption through a lawyer. "I felt powerless." During this period, Paula went "numb" and stayed that way for 28 years, when she finally decided to do something about it and sought out a search and support group. "They have helped me to understand that I am not crazy. . . . On the surface I appear to be OK. I am a professional with two Master's degrees and I enjoy my job." She found her son but has been rejected by him. Late in life she has learned

that her mother had a child out of wedlock, probably from incest. The son contacted the family through a lawyer.

17. Annette - describes her mother as being "IN CONTROL," of three perfect children and a spotless house. She started having sex with her boyfriend in college when she was a junior, but the pregnancy was the result of a date rape when she was a student in Paris. When her family found out, they called the family doctor who suggested adoption.

> I was carrying a stranger's child. I was still in school, and, emotionally hardly able to care for myself, let alone an infant; my parents had their reputation in the community to consider. . . . If we surrendered the child for adoption, my parents' and my reputations would be spared and the child would have a good home where it was wanted and could be cared for properly. It seemed the perfect solution.

She had convinced herself that this was the best things to do. "It all made sense in my MIND. It took the experience of giving birth for my FEELINGS to become engaged." She tried to find a way, then, to keep her daughter, "but the doors were closed." When her daughter was grown, she found her and both have worked at becoming healed.

18. Lorraine - born in 1936, close to her father, who died when she was 11. Lorraine had a "salvation experience" when she was 13 and is a very strong Christian. She met the birthfather at church when she was 14 and they went together through high school, but she did not allow "petting" and "would never have considered sexual intercourse." They were in love and planned to marry at 18 or so. She became pregnant when he raped her. She was and is very angry about that violation which cost her so much. She went away on her own, found a job, was fired because of pregnancy, addressed envelopes from a rented room, unwillingly surrendered her child--and then married the father when they were old enough. She describes herself as being "frozen" and numb for dozens of

years until she searched for and found their daughter. Lorraine worked for a degree in counseling and she now works for adoption reform.

19. Star - born in 1943, gave birth to a son and relinquished him in 1968. Star was living with and then married the birth father who forced her to go to an adoption agency and even though she does not believe that she ever signed surrender papers, her husband and the agency somehow got the baby from the hospital and she was not able to find out where he was. She later sued the agency and in that way was able to find her son, although she could not get him back. She and her son believe that his parents knew the adoption was illegal. He now has a law degree. They visited each other when he was in college and she was in driving distance, but the adoptive parents were furious and she no longer sees him. Star has dreams that make her wonder if she had twins. She was put under for the birth and was drugged heavily during her stay in the hospital.

20. Lynn - Lynn was born in 1942 and was an only child to a mother who "lived for her" but severely abused her, sexually, and allowed others to abuse her. She was kept isolated from other children and even from her father. She had no normal experiences with other young people and so did not know how to handle herself or what to expect. Six months after she started dating, she became pregnant and they broke up "before I knew for sure I was pregnant." She was sent to the maternity home which was also a children's home. This was "the first time I felt free, the first time I felt needed." She was responsible for 16 young children. Everyone told her how wonderful it was of her to give her child up for adoption. "I was never offered the option of keeping my baby." Lynn suffers from post-traumatic stress syndrome. Her daughter

found her in 1989, and she, too, is a survivor of incest and is in therapy and a support group.

21. Karla - relinquished her son in 1968 when she was 20. Her pregnancy was the result of date rape by a "friend" who was marrying someone else.

> I did not understand at the time that, without him, I had no chance of keeping my child. I thought my parents would help me, because they had always stressed the importance of children and family. But, when I told them, they became hysterical with fear and with anger. Even today, it still hurts to think about this--as I write these words, I can feel my legs going to jelly. . . .

After the baby was born, she pleaded with her parents to help her find a way to keep him. They said she could let relatives adopt him but "we would all have to lie and say that they had gotten him from an adoption agency and that he had been born to a stranger. Karla found her son when he was 21 and found that "he had a very difficult life."

22. Cherie - left home at age two for surgery on cleft palate. Hospitalized for long period of time, when she returned, a baby had "replaced" her. She says she has always felt lonely and unimportant. When she became pregnant, she did not want to give up her child, but was sent far away to a maternity home which "was like a prison. . . that and the hospital treatment was cruel and punishing. She went into deep depression after the surrender and stayed in it. Married, supported a husband, got divorced, got counseling which was of some help in that she clarified for herself that she wanted to find her son. In conversation and in correspondence, Cherie always sounds fragile and determinedly cheerful. She found her son when he was 21, four years ago, but they have not met. In a way, this has healed and freed her enough to marry

again and she is now the stepmother of a 12-year-old girl. She is active in an adoptee support group and in American Adoption Congress.

23. Ginger - describes her mother as controlling, abusive, and critical. Ginger was born in 1937 and surrendered her newborn daughter at age 21. When her boyfriend learned that she was pregnant, he said, "if you think the baby is mine, I will marry you but I won't live with you." She decided to carry on alone, and hid her pregnancy until the eighth month. Her mother and doctor then sent her to a maternity home in another state and arranged the adoption. She and the birthfather married four years later (an "unhealthy relationship") and had another daughter in 1969. She found her first daughter in 1988. Her daughter "was not raised well and has addiction problems."

24. Cheryl - childhood also traumatic; two sisters died very young in questionable accidents, both parents had drinking problems. Cheryl was abandoned with no warning at 18 when her mother and her stepfather moved to another state and she came home to an empty house. Her younger sister was pregnant at the same time Cheryl was and she, who was working until a few days before the birth (1966), tried to take care of both of them. The doctor lied to her and coerced her into relinquishing her daughter. Cheryl married late, to a good man, but was unable to have other children. When she found her daughter, she was horrified to learn that she had been shifted from home to home and boarding school to boarding school and was seriously damaged. She has tried to make up what her daughter lacked with additional schooling, clothing, music and art lessons, consistent and constant love, but there have been many difficulties.

25. Michele - born in 1942, gave birth in 1963. Michele's mother was killed in a train accident when Michele was four. The father took the four children to their mother's family in another state and they were to be looked after until the father could make arrangements. They tricked him and had the kids adopted out, all to different homes. Michele was adopted twice, each time with seriously abusive mothers. She was constantly humiliated and criticized. When she left home and was working on her own, she met the man she wanted to spend the rest of her life with. His family loved her and she finally felt she was "home." But in a moment of "bad judgment" she became pregnant and she was ashamed for his family to know. The birthfather went into the military and she to an adoption agency. She never stopped loving the birth father, and feeling grief and shame for the loss of their daughter. Some years later Michele married another man and they have two other children. She and her daughter were reunited in 1992.

26. Lyla - Lyla works as a bartender and is in a satisfactory marriage. She tried to forget the loss of her children in 1969 when she was 22. She had been in an abusive marriage and with the second pregnancy the abuse escalated. She escaped, but was not managing very well, wrote some bad checks and ended up in jail, where she was when her daughter was born and surrendered. Lyla tried to maintain custody of her son, but could not. It has taken her many years to become more stable and to gain some peace. Her daughter found her in 1992 and this spurred her to search for her son. Lyla's childhood was turbulent: Her father was "married 13 times, arrested for bigamy and served time at least once." She has "lost a lot of my memories," although with this reunion and her efforts to remember, some fragments have come back.

27. Shane - Shane has never met her father. She was born in 1940, and raised mostly by her grandmother. Shane gave birth to her first son in 1956. She had run away from home because of sexual abuse from her step-grandfather and married, but within months, she was on her own again, and now with a baby. She tried returning home, but this did not work and she ended up in a downtown shelter with her son placed in foster care. She could not "get my life together" in time and he was adopted. Her second son was born ten years later. She was working in a truck stop and the arrangements were made by her employer. She does not remember signing any papers after the birth and does not believe the adoption was legal. Shane is now in intensive therapy, a 12-step group, and an incest survivors' support group.

28. Gloria - born in 1950 and relinquished her son in 1967. Gloria did not talk about her childhood, but she indicated indirectly in her narrative that she has contact with her parents. During her pregnancy, she was "farmed-out" to a "respectable, church-going family" so that her own respectable family would not have to acknowledge her.

> I washed, ironed, scrubbed floors and baby-sat their four spoiled brats. If anything made me believe abortion should be legalized it was that experience!. . . . The woman of the house remarked to me once that she was thinking of adopting a foreign child to help with the housework, as it was "too stressful having all these unwed mothers coming and going."

"The only reason I feel guilty," says Gloria, "is because I didn't have the guts and conviction to stand up to them [all those who insisted on adoption], that I was so easily talked into thinking they were right and my own feelings were wrong." She has suffered from deep depression for most of the post-relinquishment years. She found her son when he was 18 and they had a "wonderful reunion" which ended when he told his parents

and they told him to choose. He went to Europe in 1989 and she has not heard from him since. Gloria is married to a psychologist, is very active in adoption reform, and has three other children.

29. Lee - Lee was born in 1936 and relinquished her son in 1957. She thought she was in love with the birth father, but his response to her pregnancy was that it was her problem, not his. She was and still is ostracized by her family. "Adoption has colored my life. . . . I didn't know the extent of it until recently, didn't put things together." She later married a lawyer, alcoholic and abusive, could not have other children and adopted two. One son has stayed with her; her adopted daughter wants no contact with her. She does not understand why, as they used to be very close, she thought. She found her son and is appalled at the kind of person he is; she feels that he is like all the men in their family and that he should have been raised by people who understood him; he never bonded with his parents. She is angry at the social worker lies and the attitudes towards birthmothers. "We frown on them [birthmothers] . . . don't allow them to stay in our homes. But the best thing is to take care of our own."

30. Connie - There is a mystery to Connie's parentage. She does not believe that her parents are her parents, and their actions indicate that she is right. For instance, after their divorce when she was 13, they signed her over to state care, but her "sister" stayed with the mother. When she got out of the institution at 18, she tried to stay with her "father" who was not interested in having her there with his new wife. She "promptly got pregnant" and the young man ran away. After Connie surrendered her son, she went through a self-destructive period of addictions and "a dissolute life." She eventually got straight, and

tried to do something with her life. She is married, runs a business with her husband and has a young son. Her found son has drug problems and has been in trouble with the law.

31. Faith - Faith describes her family as being close-knit. The only time she feels her mother let her down was during her pregnancy, but she knows how much shame she brought to the rest of the family. She was sent to a maternity home and, except for the social workers, the home was good for her because she could finish high school there and they also allowed her son to spend six weeks there, where she could be with him before and after classes. She married a good man; they have five other children; and she could never get over the loss of her first son in 1965 when she was 17. She found her son in 1991 and they are in reunion, with frequent contact. Faith is a registered nurse and also teaches pre-natal classes at the hospital. During her search, she began to be active in adoption reform and she is a leader of a support group.

32. Ruby - Ruby's son was born in 1963 and she tried to support him from earnings as a domestic and minimum-wage worker. Then she became ill and had to be hospitalized. Her parents helped out with child care for a while but her stepfather put her son in foster care without her consent and he was adopted by the foster parents. She suffered deep grief and depression, finally writing to ParentFinders when her son was an adult, to see if she might find him. They have been in reunion for eight years and she has two grandchildren. Her son has a drinking problem and there have also been the usual reconciliation problems with adoptive parents and the adopted person's anger. Ruby's faith has helped her get through major health and emotional difficulties.

33. Rebecca - Rebecca was born in 1929 and surrendered her infant daughter in 1946. She is now a therapist and is trying to find ways of healing adoption trauma for birthmothers and their children. She believes that her parents' loss of a one-year-old child to meningitis before she was born, strongly affected their treatment of her, causing her mother to be emotionally distant and over-protective. Rebecca became involved with a married man whose children she baby-sat. To save both families' reputation, she was sent to a maternity home. She naively hoped until the last, that the birthfather would adopt the child and raise her. Rebecca went through a short "manic" phase after relinquishment and then a decades-long depression and "locked up" phase before breaking apart, searching for her daughter and beginning the reunion and healing process. She did marry and have another child.

34. Mary - A "violent" childhood, the death of her mother, heavy responsibilities for her siblings, college and graduate school work, and the death of her first fiancé in an automobile wreck left Mary vulnerable to the relationship she was in when she became pregnant. The birthfather was well-educated and had a good job, but did not marry her and claim his child. Mary herself already had a master's degree and a teaching job, but the counseling she received was the same as it would have been for a high school student, "If you love your child, you will give him up to two parents who can provide what you can't." Fear of the ongoing stigma of illegitimacy and the prejudices which cost women jobs also contributed to her surrender. She felt like a "sleepwalker," and sees adoption as a kind of cultural and personal schizophrenia. Severe depression has followed her loss. Reunion with her son in 1988 has helped, somewhat. She did not marry or have other children.

35. Darien - In 1993, during Darien's first telephone contact, she was emotionally very fragile and distraught, in pain and in despair about the loss of her son 20 years earlier. She had quit her job and was trying to find some way to deal with the pain. She felt alone and hopeless and sounded suicidal. Within a year, she had found support from a search group, from therapists, and from her brother and friends. She has gone through an intensive period of "putting together the broken pieces" of her life, finding her son, beginning the delicate process of reunion, and even becoming active in educating others about the consequences of adoption for birthmothers and adopted persons. Her childhood "protection" of disassociating to avoid the reality of her abusive mother and passive father continued through the pregnancy, relinquishment and post-relinquishment period, but eventually foundered.

36. Ruth - born in 1934, relinquished two sons, one in 1959 and one in 1961. She apparently did marry and have three other children, but her narrative provides few details except for the first pregnancy and relinquishment. She wanted to keep her first son, even though the birth father abandoned her, saying that he did not have enough money to support them. She went west to an aunt for help during her first pregnancy but the only room and board situation she could find was with a social worker. This put her in a vulnerable position and after the birth when she still had not been able to find employment and housing for a single mother with child, she relented. She remains angry that mothers had to relinquish because of social conditions and that they are the "scapegoats for the sexual guilt of society." She has found her sons, one has been diagnosed with paranoid schizophrenia and the other refused contact for nearly nine years.

37. Lou Ann - Lou Ann is searching for her daughter who was born in 1967 when she was 25. She has now learned that the adoption was illegal and never went through the courts; her chances of finding her daughter are slim. Lou Ann was living with and later married the birth father who insisted on adoption and made the arrangements. He was "a gambler" with Mafia connections. Coming from a childhood of deprivation, Lou Ann, at first, believed that this relationship was an escape to a better life. They divorced five years after the relinquishment after his cruelty when she had a miscarriage. She has not married again and cannot have other children. She has recently found a support group, but does not say whether it is for birthmothers or abuse survivors.

38. Donna - Donna was 14 when she got pregnant. She was dating a Marine who took her out, got her drunk, had sex, and then let her walk home. She comes from a close-knit family. Her brothers and parents "went after the guy" and he did agree to pay her maternity care costs, in exchange for not getting him in trouble with the military. She tried to "put it behind me" but this year, when her son turned 18, she just fell apart, "went a little crazy" and began an intense search effort. The process, of dealing with people who have stereotypes about birthmothers and about adoption, and of trying to work with the agency that she had wrongly believed "helped" her has been politicizing. She is much more aware of the politics and the issues of adoption, and still desperate to know how her son is. She is married and has two other children.

39. Judy - Judy's father is now sorry about what they did to force relinquishment and make all the arrangements for adoption without her consent. Judy's mother died when she was five and she did not get along with her stepmother "at all." When she became pregnant at 16, she

was sent to a maternity home and forbidden to see the birthfather who was 10 years older than she. Her parents even had her committed to a mental institution in the first part of her pregnancy in 1967, as this was one basis for abortion, which she did not want. In 1994, Judy returned to the adoption agency for information about her daughter and was told that her daughter has been there three times; they refuse to give information to either side or let the daughter know that her mother is looking for her. Her daughter is bi-racial and was reportedly given to a professional, black family. Judy married, has two other children, is divorced, and has joined a class-action suit against the agency.

40. Jeanine - Jeanine was born in 1934 and relinquished her infant daughter in 1954; the birthfather was influenced by his peers who told him falsely that she had slept with them, too. Jeanine did not feel like she could raise their child alone, especially when both families opposed her. When the couple straightened things out, it was too late and they could not retrieve their daughter. They married and had five other children, but have grieved the loss of their first daughter. She found them when she was 21 and they have had a close relationship since then, which allowed for a lot of healing on all sides. Their daughter "never felt like she belonged" to her adoptive family.

41. Della - Della's mother died when she was 12, after a long illness. Della was the middle child and did her best to look after her younger sister who was only four and "needed a lot of mothering." Less than a year later, a stepmother came on the scene who "downgraded us all the time." In retrospect, Della thinks that she got pregnant "in order to get my father's attention" and make him look at how bad things were at home. She had been dating the birthfather for two years, but in all

that time he had never been able to hold a job for more than a day or two. She decided not to tell him about the baby and went away to another city. She tried to find ways to keep her son, but became convinced that this was selfish and that she must give him up to "a better home."

42. Natalie - She describes her family as "normal" for the fifties, if such a thing exists. There were six kids, though, and with both parents working, they did not have much time to spend with each child. A neighbor man and co-worker with Natalie's father began fondling her when she was nine or ten. "He was a big man, 6'4", strong and handsome; he was my hero." The fondling turned into sexual intercourse when she was in her early teens. She became pregnant when she was 20 and still believed that this man was in love with her and would marry her "someday" in spite of the fact that he had been married and divorced twice during this time. She was sent away to a Texas maternity home and surrendered her baby daughter in 1970. She has had a "breakdown" and was hospitalized; she still takes medication and a therapist has recommended a support group. Natalie married late, and is having a difficult time trying to work, raise a young child, and keep her marriage afloat. Natalie wants to find her daughter. The birthfather was sent to prison this year after six other women brought rape and abuse charges against him. She attended the trial.

43. Sandra - Sandra has given up three sons to adoption. Her first son was born in 1966 when she was 16. About this, she says only that "I was forced to give him up." She found him through a Soundex Registry match in 1992; his adoptive parents had already died. He had been adopted as a "replacement baby" a week after his adoptive parents lost their own infant. Sandra's second son was born in 1970. By this

time she was married to a very abusive man. When Shawn was 17 months old her husband threatened to kill her and kidnap her son. She placed him in the care of people she knew who could hide and protect him, and they adopted him. She then fled to Florida, not knowing that she was already pregnant. She was in a strange city, unemployed, and without any resources. Her son was born January 2, 1971 and "was taken right from the hospital." She has learned that the lawyer involved in this had a very large "grey market" baby operation. She has found son number two who was unemployed and trying to care for a wife and new baby, and would very much like to find her third son. The brothers are helping to search. Sandra "has always had a bad feeling" about that adoption and trusts her intuition. She is a hard-working woman who does a lot of volunteer work for children's causes.

44. Sarah - born in 1942, surrendered her baby daughter in 1961. Sarah describes her family this way:

> Our family was an upper middle class family where I'd been sexually abused as a child. I'm quite sure that my sister was abused as well. We always had nice clothes and good books. From the outside my family looked normal, inside it was awful.

Though she does not name it, Sarah has been suffering from post-traumatic syndrome since the relinquishment and probably before. She was a college student when she became pregnant and the birthfather was sent to Paris by his parents so that he would not be involved. Later, She married a high school friend and they have two other children. She thinks that adoption is "social surgery" and no solution to anything, and says that "incest and adoption have had strong similarities for me." She was reunited with her daughter in 1989.

45. Gail - "I was raised in a very dysfunctional family" says Gail. No other details were provided about her family except that they were very upset about her pregnancy and sent her many states away to an aunt and uncle; her mother arranged the adoption. Her son was born in 1970 when she was 20. She was 19 and a college student when she got pregnant. The birthfather said he would marry her but only "to give the baby a name." She is the second mother in the group who discovered her child was given by her doctor to a mortician; both mothers were upset. In Gail's case, the adoptive parents did not oppose a reunion and she met and liked the father. Gail suffered for years with serious depression and "felt almost dead." She began to acknowledge her loss and pain some 21 years later and realized that she had to get healthier in order to search for her son. She found him in 1992.

46. Karen - Karen is the youngest of five children. Her parents separated when she was two years old and she saw her father only twice after that. By age 11, the siblings had dispersed, and Karen was "abandoned" by everyone except her mother. "Wondering how long it would be before she left, I started pushing her away." Karen met her boyfriend when she was 15 and he was 18. When she became pregnant everyone thought she should have the baby adopted. She was vehemently opposed; she had lost too many other people she loved. Finally her mother and her boyfriend prevailed, forcing relinquishment as they price she had to pay to keep them in her life. She "punished" her boyfriend for the next two years, wanting him to suffer as she was suffering. They married three weeks before their first daughter's second birthday. In 1982, a second daughter was born. They found their other daughter in 1992; the adoptive parents are very threatened by contact.

47. Marsha - dated birthfather for about a year before sexual intimacy; she got pregnant right away, although "for some reason I thought I wouldn't get pregnant." Her parents thought they were too young to marry and that adoption was the only possibility. She was sent to a maternity home and not allowed to see her boyfriend again. "There was no counseling about any alternatives and no counseling about what it would be like to give up my child." After relinquishment, Marsha says that she was dying inside. "Never in my wildest dreams did I expect so much emotional and mental anguish as a result of the adoption." The loss of their daughter split the young couple apart and each married someone else, "but we had something together that I will never experience again." She has been married for 20 years and has four other children. She searched for and found her daughter and they were reunited in 1993.

48. Nicole - Nicole was 17 when her daughter was born in 1978. Her boyfriend was unemployed and doing drugs and she decided it would do no good to even tell him. Nicole's home life was difficult, she says. Her mother died when she was seven and her father "pretty much left us alone" (two older brothers and a sister). The brothers were old enough to leave home, the sisters stayed with their abusive father. Nicole ran away periodically from the age of 13 and lived "hand to mouth." She mistook her first signs of pregnancy for the first signs of cancer, which her mother had died of, and she was too terrified to seek help. By the time she got tested, she was six months pregnant. Her father allowed her to stay at home on condition of surrender.

> Shortly after her birth I shut down the part of my brain that remembered the hurt. I didn't let it return until it forced me to last year. . . It seems the whole experience affected me in ways I never expected, in ways more profound than I ever expected.

Nicole has annual cycles of anger and despair, suicidal thoughts and great sadness. She says writing and thinking about it, and having an understanding listener have helped. The project has been good for her.

49. Barbara - Barbara was born in 1939 and is the oldest of seven children. They were Catholic, poor, and not an affectionate family, "on the other hand," she says, "they were not physically or sexually abusive. . . " Her mother had the seventh child shortly after her graduation from high school. Barbara went on to secretarial school and was working full-time within a year. She wanted to move out to her own apartment but could not get her parents' permission. "What would the neighbors think?" Shortly after, she fell in love, eloped, and was pregnant by age 19. He was a Navy man and a gambler. They had two children when he was discharged. He was always abusive and as the debts piled up, so did the abuse. Her parents finally rescued her because the children were without heat, clothing, or food. But she met another man, got pregnant, and he disappeared when she told him. She was too ashamed to tell her parents and ran to Florida with her daughters and stayed with relatives. She surrendered her son, born in 1964, and her uncle told people the baby had died. Barbara inquired at the agency several times through the years, but tried to bury her memories and feelings. Her grandson's birth triggered the delayed grief "after all those years of emotional apathy." She found her son, who had been looking for her; but his parents found out and she has had no contact with him.

50. Eileen - Eileen is still struggling for acceptance and love from her parents, particularly from her mother who is "controlling and abusive." She was born in 1956, pregnant at 19, and sent to a maternity home run by anti-abortion fundamentalists. She remains angry and bitter

about the coercive tactics they used to get her to surrender. She did not know the law nor her rights, and as a result, she has recently pushed for legislation to protect birthmothers from the kind of pressure she was put under. Her son just turned 18 this year and she wants to find him but is afraid to search.

51. Ellen - "I grew up in an intact, upper middle class family," begins Ellen's narrative. Her father is kind, soft-spoken, and intellectual; "My mother is a very prideful person. Appearance is everything to her. . . She is a staunch member of the Daughters of the American Revolution." Ellen's older brother is handicapped, apparently brain-damaged from "a medically botched birth." She says that she was a "good little girl," and a tomboy, independent and competent. During college she fell in love with a young man she wanted to marry, her "soul mate." But when she got pregnant, the two families met, excluding her, and her boyfriend said he never did love her and never would. His family's attorney was at the meeting and it was decided to send her away to a "high-class" maternity home and have the child adopted. Ellen resisted through several social workers and running away. But in the end, their combined threats and pressure got a relinquishment when her son was born January, 1966. "A year after, in unspeakable emotional agony" she returned to the agency for help, thinking that since they had caused the agony, they could do something. This experience, of being powerless, of being used and thrown away, of being "sentenced" to lifelong "horror" has made Ellen very politically aware. If such a thing could happen to her, it could happen to anyone. "The social service establishment does not exist to help the public, but to further their

own agenda. Childless couples will do anything, rationalize anything, destroy anyone in their quest to obtain a child."

52. Janet - After graduation from high school, Janet went to a large city to work and save money to go to nursing school. There, she met the birthfather, her neighbor's cousin, and they started going out and then living together. When she suspected she was pregnant and went to the doctor, she burst into tears when the doctor said she was pregnant. He said, "that's all right. I know a real nice family for the baby." Then each time she went, he kept telling her it was best to give the child to this wonderful couple. "The birthfather didn't seem to care one way or the other; at that time I didn't know he was doing drugs." She got pregnant again and within a year a son was born but this time they married. They divorced soon after, "but this was all right because we had been married" so she could go home to her family. Her father's sister had a child out of wedlock and when she was killed in a train wreck another sister raised her child. Her father always thought this was so terrible; they were not allowed to mention the aunt's name in the house. The first person Janet told was her brother, 15 years later. When her daughter was 32, a match was made through the Soundex reunion registry. Janet also has an adopted son. She and her second husband could not conceive. She has contacted her son's mother and has given both of them the information they need to get in touch when they are ready.

53. Lisa - Lisa's own mother gave up a child to adoption and Lisa was her "replacement child." Their relationship was never good and Lisa felt that her mother hated her. Her father was an alcoholic. Lisa has now discovered that her relinquished daughter also had a child out of

wedlock, but she kept her and married later. Lisa married the birthfather after relinquishment and "later lost him to another woman." Her second marriage was to a man who became schizophrenic, and her third is to "a reformed alcoholic, working on his own issues." Lisa found her daughter in 1992, when she was 23. She still has not found a way to get rid of the anger she feels about losing her baby. "There is no way to make up for that loss nor even a way to end the grieving." She keeps wanting to tell her daughter, "I didn't want to give you up" and knows it will not help. Lisa has moved back to the state where her daughter was born and surrendered and still lives. She has changed her name.

54. Cynthia - Cynthia is still in love with her son's birthfather. She has never married and has no other children. She was born in 1940 and was in her late twenties when she became pregnant and surrendered her baby. Her doctor told her about a group home and she lived there during her pregnancy; the "girls" all worked on campus in business offices. "I was in total denial about what was happening, very thin, and I lived on cottage cheese. I felt numb and shameful and didn't want anyone to know." At the time, I did not think there were any choices. I could not take him home because my mother was very abusive. "My mother died last August and I never told her. . . .It is very sad but I know my son had a better life than he would have had with me. I did the right thing for him. . . ." Cynthia still has not told anyone in her family, although she may tell her sister, who is adopted. She is searching for her son, "To tell him why I gave him up. To save him from the pain I received from my parents. I hope he is happy and well adjusted."

55. June - June has difficulty leaving the house or taking part in any outside activities. She is under medical treatment and her

psychiatrist, who works at the veterans' hospital, says that she has post-traumatic stress syndrome. June left home at a young age because she wanted to make a better life for herself. She thought she had found love and the chance for a better life, but when she got pregnant, her boyfriend did not want to marry and did not want her to keep the child. He paid for an apartment and food for her, but also insisted that she go to an adoption agency, as part of the deal. There, the social worker befriended her at a time when she was desperate for friendly support and someone who pretended to care about her. She did not agree to adoption, but apparently her boyfriend and his family had made arrangements for the adoption. She was heavily drugged from the time she came into the hospital and remembers almost nothing. She does not remember signing anything, yet the agency refused to let her see her child and would not tell her where they had taken her daughter from the hospital. She begged and begged to have her back and they kept putting her off, saying that they were having trouble "getting the paper work done." And then suddenly, they told her that she was being charged with child abandonment and if she and her parents did not show up in court the next day, she would lose custody. They did not tell her where. But they already knew that her parents would not support her and come to court. Her daughter was born in 1972 when June was 18. She has been slowly and painfully putting fragments of memories together and beginning a search for her daughter. The birthfather died in a motorcycle accident a few months after their daughter was born.

56. Inga - Inga was born in 1936 "to a mother of Swedish descent and a father who was born in Sweden and migrated to the States in his twenties. I grew up in a typical middle class suburban community

where everyone mowed their lawns and 'kept up appearances.'" When she was eight, her mother began to have trouble with depression and for four years was treated by a psychiatrist, who gave her shock treatments as part of the therapy. Her mother hanged herself in the basement of their home when Inga was 12 years old. Inga and her brother were cared for partly by their grandmother and partly by their father. When he re-married, they did not like the stepmother, but says that the stepmother treated them well and eventually they became friends. Inga met a young man while she was in college who was "generous, kind, and very loving." They dated for over two years and in one "episode of barely penetration" she got pregnant. When her period did not come, he said, "Let's get married." She, however, wanted to "wait and be sure." She grew more fearful, less communicative, and continued to deny that she could be pregnant; the relationship suffered. She finally went to an out-of-town doctor who confirmed that she was six months along. Accepting this, Inga thought that she and her boyfriend would still get married, but he said, "Now it's too late, everyone will know." She was hurt at this unexpected rejection and never saw or spoke to him again. She went to another city to a maternity home. Adoption seemed to be the "only solution." Inga has been married, has had several miscarriages and has two other sons. She found her first son in 1993; he is happy to have two brothers and they are planning on going into business together.

APPENDIX D
SUGGESTED READINGS IN ADOPTION

The following books will be of help in understanding adoption and how the American system of adoption affects birthparents, adopted persons, and adoptive parents.

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BIOGRAPHICAL SKETCH

Diana Selsor Edwards was born in Kansas in 1943, raised in Florida, and schooled at the University of Florida when the Department of Anthropology was in its fledgling stage. She earned a B.A. in 1964 and after more than enough adventures in the wide world of California and Washington, D. C., she spent 15 years in northern Alberta growing children, doing photography, and learning about parkas, mukluks, and survival of various kinds. She returned to the South in 1986 when she was old enough to handle contradictions and young enough to start a new career. Coming full circle, she is completing a Ph.D. in 1995 at the University of Florida where she finished her first year of graduate school in 1965.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Paul L. Doughty, Chair
Distinguished Service Professor
of Anthropology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Molly Dougherty
Professor and Research
Coordinator, College of Nursing

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

John H. Moore
Professor of Anthropology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Anthony Oliver-Smith
Professor of Anthropology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Hernan Vera
Associate Professor of Sociology

This dissertation was submitted to the Graduate Faculty of the Department of Anthropology in the College of Liberal Arts and Sciences and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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Dean, Graduate School

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